

Department of Health and Sports Sciences University of Suffolk



Bachelor of Science (Hons) PARAMEDIC SCIENCE PRACTICE ASSESSMENT DOCUMENT (PAD)

Evidence of Learning, Skills Development,Student Progression and Reflection

Practice Assessment Document - Year 3

© This is an adaptation of the document currently approved and in use By the University of Hertfordshire and others and is subject to review and adaptation by the East of England Paramedic Partners Group

Contents

	Page Number
Overview of PAD	3
Student Information Sheet	4
Introduction	5-6
Roles and Responsibilities	7
The Student	8
The Paramedic Educator (PEd)	9
The Associate Paramedic Educator	10
Placement Meetings (Interviews)	
Elements of Practice – The Assessment Process	
Assessing the Elements of Practice	11
Formative and Summative Assessment	12
Development Action Plan (DAP)	13
End of Placement Review	14
Passing or Failing the Year	15
Glossary of Terms	16
List Elements of Practice Criteria	17-18
Fine Grading of Competencies	19
Specific Guidelines for Fine Grading of Practice Competencies	
Levels of Elements of Practice Criteria	21
Example of Record of Achievement for the Element of Practice	
Final Record of Achievement for the Elements of Practice	23
Record of Achievement for the Elements of Practice	24-122
Placement Information Sheet	124
Placement Meetings	125
Practice Placement Attendance Records	126 - 135
End of Placement Review	136
Assessment of Paramedic Attributes	137 - 141
PEd/Non-Ambulance Supervising Clinician Evaluation Form	142
The NHS Constitution	143
Interpersonal and Professional Skills Profile	144 - 145
Cause for Concern (CFC)	146 - 147
Student Managed Documentation	148
Student Evaluation of Practice Placement	149 - 152
Simulation Skills & Skills Acquisition Sheets	153
Marking Check Sheet	154
Elective Placement Information and Records	156 - 161
Tutorial Records	162 - 163
Escalating Concerns and UOS contacts	164 - 166

Overview of PAD

This integrated document combines the student paramedics practice assessment document (PAD). It uses the University of Hertfordshire PAD as a template and is reproduced with their kind permission and includes contributions from the five higher education institutions which make up the East of England Paramedic Partners Group. This ensures that despite wherever a student will be within practice placement within the East of England Ambulance Service Trust (EEAST) the documents will all have a similar approach and process for student clinical assessments. This document supports the student's journey over the next three years and reflects on their learning as they apply theory to practice. The student will take ownership for this document and with the support of their Paramedic Educator (PEd) use it to document formative and summative assessment and complete practical skills required to practice as a The PAD also recognises areas of practice where the student may struggle to meet the practice elements so a Development Action Plan can be agreed between the student and their PEd to ensure they are supported to pass all summative aspects of assessment. It also documents the skills the student paramedic will develop over the next three years. This document has been developed in accordance with the HCPC Paramedic Standards of Proficiency and the Paramedic Curriculum Guidance from the College of Paramedics.

Department of Health and Sports Sciences

STUDENT PAD BSc (Hons) PARAMEDIC SCIENCE

Name:
In-Take Date
Student Identification Number
Personal Tutor
Student's emergency contact
Name
Relationship
Contact Number
Date of Disclosure Barring Service (DBS) clearance
Year 1
Occupational health clearance for Practice (including completion of mandatory
vaccinations and exposure prone procedures): Date

It is vital that you keep an accurate record of your mandatory training in order to be able to access your practice learning opportunities. Please date and sign the relevant sessions identified in the following grids for year one of your studies. During years two and three you will need to complete each section identifying the sessions which you have attended relevant to each area of required mandatory training, dating and signing these. Failure to do so may impact on your ability to undertake your practice learning opportunities.

INTRODUCTION

The development of this practice assessment document (PAD) has been adapted by the University with the support of East of England Ambulance Service NHS Trust (EEAST) and the East of England Paramedic Partners Group. It has been developed using the University of Hertfordshire (UH) PAD. This document will be referred to simply as 'PAD' so as not to confuse the student or PEd. Additionally, this document will showcase the formative and summative assessments in practice in which student and PEd will work together to achieve the student's practice elements. In addition to this it will document, in conjunction with the PADs for years 1 and 2, certain skills learnt by the student over their three years of placement practice. As this document reflects the UH criteria for assessing elements of practice, the foundations of the document are based upon the University of Greenwich PAD template utilised by University of East Anglia and adapted by Anglia Ruskin University. The student is to take ownership of the PAD and in collaboration with their PEd will comment on areas of practice they The PEd will feedback and comment so that the student remains have learnt. informed in their development, a consistent approach is adopted and opportunities to pass summative assessment are maximised.

The PAD upholds and assesses elements set out to provide minimum standards of proficiency to become a registered paramedic with the Health and Care Professions Council (HCPC, 2012a). It further upholds standards of conduct and professionalism that students must maintain (HCPC 2012b, HCPC 2013c) and standards against which education and training are themselves assessed (HCPC 2012d). Also reflected in each of the assessed elements are areas of clinical practice (JRCALC, 2013), paramedic curriculum guidance (College of Paramedics, 2014) and best practice and policy from government agencies and other professional organisations such as Department of Health and Quality Assurance Agency.

The PAD provides an overview of skills students can gain experience of by the end of the year 3. This experience is, however, dependent on the needs of patients/clients that students are exposed to during the course. It will enable students to take greater responsibility for their own learning and make best use of the opportunities available within the placement areas to develop their skills.

The PAD is also intended to be used as a reference for students and practitioners, once the student has completed the course. The PAD can be used to identify areas of competence as well as deficits that can be addressed during both the preceptorship period and thereafter.

This PAD along with years 1 and 2 PADS, reflects the student's progression throughout the course. It is about the development of knowledge, the application of practical assessment and skill and the personal and professional attributes the student needs to learn to become a competent paramedic. It also provides information concerning the roles and responsibilities in the assessment process.

ROLES AND RESPONSIBILITIES

The roles and responsibilities listed below are only an indicative summary of the key areas to be achieved during practice placements. Comprehensive guidance can be found in the Paramedic Handbook.

THE STUDENT

- The student must attend their designated placement location in the agreed time frame.
- The student must present their PAD on the first day of their placement to their PEd (or supervisor in non-ambulance placements).
- The student must have their PAD with them for each shift for potential assessment, review/feedback or tutorials.
- The student must ensure that the placement information, signature sheet and record of attendance are completed for each practice placement area.
- The student must ensure that the required meetings (interviews) and assessments are undertaken with the PEd/supervising clinician.
- The student should be reflective and positive towards feedback they receive.
- The student must inform their link lecturer if a
 Development Action Plan has been implemented.
- The student must ensure the safe keeping of their PAD throughout their programme.
- The student must submit their PAD for assessment using the designated university procedure on the date specified in the module guide.
- The student must maintain patient confidentiality at all times in line with current guidance
- Conduct must be of a professional standard at all times.

THE PARAMEDIC EDUCATOR / SUPERVISING CLINICIAN (PEd)

Paramedic Educator (PEd) will be a registered Paramedic or another suitably qualified clinician who will be referred to as a PEd whom has undergone further training to develop teaching and learning skills to manage your learning and assessment needs in practice. They will be responsible for the students' clinical supervision and assessment in practice and will liaise with the students' associate PEds and link lecturer.

- The PEd should orientate the student to the placement area on their first day.
- The PEd must identify and provide access to appropriate learning opportunities and resources.
- The PEd should guide the student to reflect on experiences to facilitate learning in and from practice.
- The PEd must complete the appropriate sections of the practice assessment documentation.
- The PEd must undertake the appropriate assessment in an agreed time frame during and at the end of a placement within the scope of their practice.
- The PEd must ensure that both the student and the specified Link Tutor if any concerns or issues arise immediately.
- The PEd must utilise Development Action Plans to enhance the student's learning in identified areas.
- The PEd must only discuss student personal or developmental issues with appropriate members of staff when necessary.
- The PEd must demonstrate conduct of a professional standard at all times.

Your named Paramedic Educator (PEd) will have **ultimate** responsibility and be held accountable for your overall supervision and assessment of your knowledge, skills and attitude in practice. They are able to complete all aspects of the PAD but are **specifically responsible** for the completion of the preliminary, formative and summative meetings/interviews and for all summative assessments of elements of practice

ANOTHER NAMED SUPERVISING CLINICIAN/PRACTITIONER

Sometimes you might be in a practice environment where there will be no registered paramedic present, however the practice learning opportunity will be essential to develop your knowledge and skills. In this situation another registered professional will have overall responsibility and be held accountable for your supervision and assessment of your knowledge, skills and attitude in practice. The supervising clinician will have the same responsibilities as a PEd with regards to completing assessments, interviews and documentation. They will liaise closely with the link lecturer to ensure appropriate and timely completion of the preliminary, formative and summative meetings/interviews and for all summative assessments of the elements of practice.

WHO CAN SIGN THIS DOCUMENT?

- If you are a qualified mentor (per trust requirements) you may sign any
 element of practice at either formative or summative level providing
 that particular skill sits within your own scope of practice. You must
 add your details to the mentor page at the back of this document when
 doing so.
- You DO NOT have to see a student perform an element of practice
 multiple times before signing this document. If a student performs an
 element to the required standard and you are a mentor and that
 element sits within your own scope of practice, you can sign this
 document to reflect that, even if it is the first time you have worked with
 that student.
- If you witness a student perform an element of practice that does not sit within your scope of practice or a skill that does sit within your scope of practice but are not a qualified mentor. You can provide a witness testimony detailing what you have observed. The student will then take this to their named PPED who sign on that basis though may need to contact you for clarification.
- The process described in point 3 applies to mentors who work outside
 the ambulance service though support students in specialist or elective
 placements. There is however a skills acquisition sheet further within
 this document with instructions on how to complete that is applicable to
 this scenario.

PLACEMENT MEETINGS (INTERVIEWS)

Specific goals and assessments (formative and summative) will be set by course tutors and students will meet with their PEd/supervising clinician at the beginning of their placement (preliminary interview) to set a plan of action to meet these goals. This agreed plan and the student's development will be reviewed during a mid-way meeting (formative interview) halfway through the student's placement to ensure they are on track to meet their goals and pass their assessment(s). A Development Action Plan (DAP) may be implemented at any time during the placement to maximise on opportunities for learning, especially in situations where elements and skills are not being met. A final meeting (summative interview) will take place towards the end of the practice placement to ensure that all assessment criteria for that placement have been met and to reflect on the student's progress.

- Preliminary Interview (within the first week of placement) to <u>set a plan of</u> <u>action</u> to meet practice elements and skills.
 - 'A DAP may be implemented to maximise on opportunities for learning, especially in situations where elements and skills are not being met.'
- Formative Interview (mid-way in the placement) to review action plan and student development to ensure the student is on track to meet their goals and pass their assessment(s)
 - 'A DAP may be implemented to maximise on opportunities for learning, especially in situations where elements and skills are not being met.'
- Summative Interview (within the last week of the placement) to ensure all
 assessment criteria have been met and to reflect on the students placement

ELEMENTS OF PRACTICE - THE ASSESSMENT PROCESS

The assessments in practice are referred to as elements of practice and they assess the student in 3 key areas of practice: knowledge, performance/practical application of skills and personal and professional awareness. These areas or domains (as they are referred to) are based on the work of Benjamin Bloom (1956) and his Taxonomy of Learning and originally classified as cognitive, psychomotor and affective domains respectively.

ASSESSING THE ELEMENTS OF PRACTICE

- Each element will have a required level of practice of either **Dependant**,
 Assisted, Minimally Supervised, or Independent for the year. This will be determined by your knowledge and scope of practice relevant to your course.
- The PEd will discuss student progress and record their comments using the elements of practice criteria table. This will assess the student's knowledge, performance and personal attributes in each element of practice.
- If a student is assessed to be underperforming, they may be asked to undertake a Development Action Plan.
- In order to pass each year, the student must have achieved the required level of practice for all the elements required by their course of study. In Year three it is required that the student meets Independent level as a minimum for all elements of practice in order to pass assessment of this Document.
- If a student has not had the opportunity to undertake an element of practice, this should be recorded on the relevant page comments section of the formative assessment by their PEd and signed accordingly.

FORMATIVE AND SUMMATIVE ASSESMENT

The formative assessment provides both the student and the Paramedic Educator with feedback on how well an element of practice is being undertaken and can inform them as to how to develop, or maintain future practice to achieve competency.

The summative assessment is the final assessment determining the student's ability at the agreed stage of their practice placement.

- Where possible assessments should be pre-planned and agreed however,
 the student can be assessed formatively in any area, at any time.
- The student should have a minimum of one formative assessment recorded for every element of practice
- The PAD will be formatively reviewed by the University Module
 Leader/Tutor to identify those students who require additional support to
 achieve the required level by then end of the placement
- In order to pass at the first attempt the student MUST have at least one
 formative and one summative assessment recorded for each element of
 practice by the agreed time set by their course of study.
- The PEd who undertakes these assessments must record the result in the record of achievement
- A PEd or supervising clinician may sign of the student by the following methods:
 - 1. Direct Observations
 - 2. Simulated or Demonstration in Practice
 - 3. Question & Answers (verbal or written)
 - 4. Written Reflection
 - 5. Witnessed Testimonies
- All the elements of practice should be assessed by the student and the PEd but the PEd's decision will be considered as final.

Development Action Plans (DAPs)

Development action plans are a way of identifying key areas that students need to develop within an element (or elements) of practice. It should not be viewed as a 'notification of failure' but as a tool for students and PEds enabling them to focus on specific areas of development and agree and identify methods to achieve the required level of competency. A DAP is attached to each element of practice and follows the GROW technique of coaching and feedback (Whitmore, 2009)

- Development action plans must be implemented at the earliest opportunity
- A DAP MUST always be implemented when a student is assessed as
 Minimally Supervised in any area of an element of practice after their
 first formative assessment. During their first formative assessment the
 Student can achieve a Minimally Supervised level without the
 implementation of a DAP however it is best practice to hold a
 discussion between PEd and Student as to how this can be improved
 upon.
- The DAP should clearly identify the area, or areas for student development with regards to knowledge, practical skills and personal or professional abilities.
- Options to achieve student goals for each area of development should be discussed and agreed with the student and written in the DAP.
- A realistic time scale should be agreed and the DAP should be reviewed as agreed and the student assessed.
- Paramedic Educators may request assistance with writing a DAP from their
 Team Leader, Link Tutor or Module Tutor in the strictest of confidence.

END OF PLACEMENT REVIEW

At the end of each placement, the student will be assessed on their professional standards as set out by the HCPC (2012b) and this may have a direct impact on their registration and employability.

- Students must document their placement location and their Paramedic Educator. If either the location of the placement, or their PEd changes during the duration of the placement this should also be logged.
- Students must record the date, shift time and call sign (or department) for every day of the placement individually.
- The PEd must complete the review of the students conduct, performance and ethics and all aspects must be recorded appropriately.
- If a student is assessed as not meeting any aspect of the conduct, performance and ethics this should be discussed with the student and documented in the 'Record of Meetings/Tutorials'. Specific behaviour should be commented on and what steps have been taken to modify the student behaviour must be documented.

Additionally, students should undertake a collection of views from service users by completing the included form prior to submission of the PAD. There is also a student review of the practice placement questionnaire requiring completion by the student so as to evaluate the clinical learning environment.

PASSING OR FAILING THE YEAR

- If the Paramedic Educator is concerned that the student may not achieve the elements
 of practice within the document, the relevant University Link Tutor, Module Leader/Tutor
 must be contacted promptly in order to provide support.
- If at any point the Paramedic Educator is concerned that the student will not meet
 the required standard, then a Development Action Plan should be used to help the
 student achieve the identified elements of practice as set out above. If unresolved a
 Cause for Concern should be raised.
- The student will have passed the practice element of the module if they have successfully achieved a minimum of one formative and one summative assessment to the stated standard (Independent) for required elements.
- If a student has not passed the practice assessment, it must be recorded in the
 record of achievement and the content of the discussions with the student leading up
 to this decision must be recorded in the record of meetings. A Cause for Concern
 should be raised if following an action plan the concern is not resolved.
- If a student has not completed at least one formative and one summative sign off for certain elements then these elements can be simulated and assessed in University time. Please note. Only a maximum of 8 elements may be completed in this way. If the Student is nearing the end of their allotted time for sign off and has more than 8 elements outstanding then a personal link tutor must be contacted at the earliest possible opportunity.

GLOSSARY OF TERMS

Assessment of Practice	The assessment of practice is through the achievement of all the elements of practice. Practice assessment is a collaborative, constructive process undertaken between academic staff, clinical staff and students.
Associate Paramedic Educator (A/PEd)	Supports the Paramedic Educator and provides opportunities for the student's personal and professional development. An associate Paramedic Educator may also assist in the assessment of the competence of a student undertaking an element of practice and may complete the assessments within the scope of their practice.
Formative Assessment	Formative assessment of practice is ongoing and is diagnostic and developmental. It provides opportunity for feedback to the student regarding their practice through discussion and documentation. It can take place in any placement setting and should also contribute to the outcome of summative assessment.
Elements of Practice Criteria	It is acknowledged that a student will develop their level of practice in performing care throughout the course. This may range from being dependent on another practitioner, to the student being fully able to provide that element of care independently in a safe and competent manner. Table 1 outlines these levels.
Elements of Practice	Throughout the document there are stated elements of practice that represent key aspects of the work of a paramedic. It is expected that the student will experience all of these elements whilst working with the ambulance service during the course.
Placement	A placement provides the student with opportunities to gain experience, which facilitates the development of knowledge and practice. The length of time a student may spend in a placement area will vary.
Portfolio of Practice	A collection of evidence that demonstrates the student's development over the course. This may include reflective accounts, feedback on performance, additional skills, certificates, letters of thanks etc.
Paramedic Educator (PEd)	Every student has a designated Paramedic Educator for each placement. The Paramedic Educator supports and facilitates the student in developing skills and knowledge in practice. The Paramedic Educator completes the summative assessments at the end of their Course.
Course Leader	Is an academic employed by the university who oversees the course and the student's progression through it.
Summative Assessment	Summative assessment determines successful achievement of the identified elements of practice and is undertaken in conjunction with the descriptors in Table 1.
Insights	This provides the students with opportunity to gain insight into a particular health related area. It normally occurs over one or two days. A longer experience is described as a placement.
<u> </u>	16

LIST OF ELEMENTS OF PRACTICE CRITERIA

Element Number	Criteria
1	Communication (and technologies)
2	H&S – Moving and handling
3	H&S – Scene safety
4	H&S – Personal Protective Equipment
5	Infection protection control (cross-infection)
6	Patient health and wellbeing
7	Patient involvement
8	Consent
9	Confidentiality
10	Capacity – including refusal of care, treatment and or transportation
11	Patient records
12	Vulnerable adults/children
13	Monitoring, recording and interpreting observations (adults)
14	Monitoring, recording and interpreting observations (paediatrics)
15	4 and 12 lead ECG analysis
16	History taking – use of FE (adults and children)
17	History taking – mental health
18	Primary survey
19	Time critical patients
20	Respiratory system examination and management (adults)
21	Cardiovascular system examination and management (adults)
22	Nervous system examination and management (adults)
23	Gastrointestinal and genitourinary system examination and management (adults)
24	Musculoskeletal system examination and management (adults)
25	Obstetric and genealogical presentations and management
26	System examination and management of the paediatric patient
27	Multiple casualties and resource management
28	Recognition, assessment and management of cardiac arrest (all ages)
29	Basic airway management (adults)
30	Advanced airway management (adults)
31	Patient ventilation (adult)
32	Paediatric Airways
33	Medicine management (adults)
34	Medicine management (paediatrics)
35	IM Injection
36	IV cannulation
37	IV infusion

38	Wound care and dressings
39	Cervical spinal care and immobilisation
40	Fractures – including splinting and traction
41	Patient transportation and positioning
42	Clinical decision making – including local trust pathways
43	Treatment centre/destination
44	Patient handover
45	Maintain fitness to practice/professional standards
46	Multidisciplinary working and collaboration

Grading and Assessment.

Specific Guidelines for Fine Grading of Practice Competencies (Adapted from Steinaker and Bell's (1979) Taxonomy of Experiential Learning)

Students would be expected to achieve competencies at Identification level (Grade A) by the end of Year 1

Exposure (Grade D = Dependent) e.g. Not Competent

- On observing a competent practitioner, the student shows awareness but lacks knowledge and skills.
- The student demonstrates a willingness to listen, observe and ask questions related to the outcome.
- The student is able to react to the experience and recognise their responsibilities in identifying sources and types of information that may enhance their knowledge of the observed practice.

Participation (Grade A = Assisted) e.g. Competent at Basic Skills

- Under regular supervision, the student is able to participate in aspects of care related to the outcome.
- In relation to this outcome, the student is able to discuss rationale for care and explain their own decisions in care delivery. Problem solving with guidance is evident.
- The ability to acquire further information to support their practice in relation to this outcome is evident.

Identification (Grade MS = Minimal Supervision) e.g. Competent with Minimal Supervision

- The student shows evidence of safely participating in the patient care related to this outcome with less direct supervision. Their ability / attempts to problem-solve in relation to this outcome are more prominent.
- The student is able to identify areas of their knowledge related to this outcome that need to be developed and demonstrates the motivation and skills to address this.
- The student recognises their professional limitations in relation to this outcome and seeks advice when appropriate.

Internalisation (Grade Ind = Independent) e.g. Independent

- The student is able to reflect on previous experiences and show development of their practice related to this outcome as a result.
- The student's performance in this outcome is good and requires minimal supervision. Professional limitations are recognised.
- The student will need little prompting and has the ability to consistently use their initiative, based on their previous experience and/or level of knowledge.
- The student is able to discuss and apply underpinning theory to their practice and consider any discrepancies that may exist.

LEVELS OF ELEMENTS OF PRACTICE CRITERIA

Criteria Level	Knowledge / reasoning	Level of performance	Personal and professional awareness
Exposure Grade D (Dependent)	 Lacks knowledge No awareness of alternatives Unable to explain / give reasons for actions 	 Lacks accuracy and confidence Needs continuous guidance & supervision Weak organisational skills No awareness of priorities 	 Actions & behaviour are not modified to meet the needs of the client and situation No meaningful explanations given Lacks insight into personal and professional behaviour
Participation Grade A (Assisted)	 Knowledge is usually accurate Little awareness of alternatives Identifies reasons for actions 	 Accurate performance but some lack of confidence & efficiency. Requires frequent direction / supervision Some awareness of priorities / requires prompting 	 Recognises the need to modify actions / behaviour to the client and situation, but unable to do so in non-routine situations Gives standard explanations / does not modify information
Identification Grade MS (Minimal Supervision)	 Applies accurate knowledge to practice Some awareness of alternatives Beginning to make judgements based on contemporary evidence 	 Safe and accurate; fairly confident / efficient Needs occasional direction or support Beginning to initiate appropriate actions Identifies priorities with minimal prompting 	 Actions / interventions / behaviours generally appropriate for the client and situation Explanation is usually at an appropriate & coherent Level Identifies the need for assistance
Internalisation Grade Ind. (Independent)	 Applies evidence based knowledge Demonstrates awareness of alternatives Sound rationale for actions Makes judgements / decisions based on contemporary evidence 	 Confident / safe / efficient Needs minimal direction / support Able to prioritise Able to adapt to the situation 	 Conscious / deliberate planning Actions/ interventions/ behaviour are appropriate to the client & situation Gives coherent / appropriate information Identifies & makes appropriate referrals

EXAMPLE RECORD OF ACHIEVEMENT FOR THE ELEMENT OF PRACTICE YEAR 3 Communication (and technologies): Students may demonstrate breaking had news terminating

` `	les). Students may demonstrate breaking bad news, terminating
resuscitation attempts, documenti	
_	also demonstrate use of a range of IT communications including
Tetra radio main sets/hand held's and	mobile data terminals (MDT).
Formative	Comments
Assessed level: StudentI	When being mobilised onto a 'red call' from HEOC they lacked
Assessed level: PEdMS	understanding and awareness of mobilising immediately and
Date12/11/2012	
PEd NameD. Shepherd	were unable to use the MDT function buttons in a structured
PEd SignD.Shepherd	way i.e. did not 'mobilise' to scene, press 'at scene', press 'leave
	scene' etc.
Formative	Comments
Assessed level: StudentI	They now understand the importance of mobilising
Assessed level: PEdI	immediately when passed a red call from HEOC although still
Date20/11/2012	
PEd NameD. Shepherd	require support with MDT functions, especially when 'leaving
PEd SignD.Shepherd	scene' so as to inform the receiving hospital of their intention to
	transport patient to them.
Summative	Comments
Assessed level: StudentI	They can now fully use MDT with direction utilising
Assessed level: PEdI	comments function boxes, refuelling buttons and basic
Date28/11/2012	· · · · · · · · · · · · · · · · · · ·
PEd NameD. Shepherd	mobilisation buttons etc. They are able to navigate around the
PEd SignD.Shepherd	MDT with basic understanding and knowledge of its
	importance.
Reality: What are the issues/proble	ms? (Tick relevant boxes)
Knowledge Practical	Personal and Professional
Options: How can the student achie	eve their goals? (Tick relevant boxes)
Knowledge Practical	Personal and Professional
1.	
2.	
3.	
4.	
Additional Comments -	
When/Will: When will this plan be r	eviewed? Date: / /
Vineri, vineri wili tilis piari be i	Date.
I understand the reason for this De	velopment Action Plan which has been discussed and agreed
	understand I am responsible for informing my EEAST and
university course tutors.	and the second of the second o
Student Signature:	Date: / /
Ctadont Oignaturo.	Date.
A copy of this has been sent to the	Link Lecturer/Course Leader

Final Record of Achievement for the Elements of Practice - Year 3

Studen	t Name:	Student Number: _		
Year:				
	ents of practice have been assessed ar this year (please circle):	nd passed at the required	YES	NO
Commen	nt on student's punctuality and attendar	nce:		
PEd Name (printed):		PEd Signature:		
Student N (printed):		Student Signature:		
Year:				
Resubm assessed section is	ission of practice: All the elements of d and passed at the required level for the only to be completed if the student is lent) (please circle):	nis year (N.B. This	YES	NO
Resubm assessed section is assessm	d and passed at the required level for the sonly to be completed if the student is	nis year (N.B. This repeating this placement	YES	NO
Resubm assessed section is assessm Commen	d and passed at the required level for the sonly to be completed if the student is pent) (please circle): Int on student's punctuality and attendant	nis year (N.B. This repeating this placement nce:	YES	NO
Resubm assessed section is assessm Commen	d and passed at the required level for the sonly to be completed if the student is pent) (please circle): Int on student's punctuality and attendant and a student are the st	nis year (N.B. This repeating this placement nce:	YES	NO

N.B: On this page shaded boxes should only be completed if the student is repeating all practice following a failed 1st attempt as authorised by the University.

Records of Achievement for the Elements of Practice

The Student may require a Development Action Plan to address any difficulties/issues that have arisen whilst in practice. The Student MUST have a DAP implemented if they are graded as Minimally Supervised or below on any element of practice at any time following their first formative assessment. For grades of Minimally Supervised or below for the first formative assessment a DAP does not need to be implemented but the PEd and Student should discuss how this can be improved.

1. Communication (and technologie	es): Students	s will demonstrate I	breaking bad	news,
terminating resuscitation attempts, sp	eaking to lan	guage line, docum	enting using E	PCR and
handing over patient care using ASHI	CE/ATMIST	ER. Students will a	also demonstra	ate use of a range
of IT communications including Tetra	radio main	sets/hand held ar	nd mobile data	terminals
(MDT) Blue Calls/Pre Alert Calls	Minimum sta	andard = Independ	ent	
Formative				
Assessed level: Student				
Assessed level: PEd				
Date				
PEd Name				
PEd Sign				
Formative				
Assessed level: Student				
Assessed level: PEd				
Date				
PEd Name				
PEd Sign				
Summative				
Assessed level: Student				
Assessed level: PEd				
Date				
PEd Name				
PEd Sign				
Reality: What are the issues/proble	ms? (Tick r	elevant boxes)		
Knowledge Practical		Personal and	Professional	
Options: How can the student achie	e <u>ve t</u> heir go	als? (Tick relevar	nt boxes)	
Knowledge Practical		Personal and	Professional	
1.				
2.				
3.				
4.				
Additional Comments -				
When/Will: When will this plan be r	eviewed?	Date	e: /	1
Trion vini. Trion vin and plan 201	ovioliou.	Dan	,	,
I understand the reason for this De	•			
agreed with the Paramedic Educate	or and I und	lerstand I am res	ponsible for i	nforming my
EEAST and university course tutors	S.			
Student Signature:		Dat	e: /	1
A copy of this has been sent to the	Link Loctur	er/Course Leade	r	
Paramedic Educator (PEd) Name	LITIK LECIUI		PEd Signatur	n:
i aramedic Educator (FEU) Name			Lu Signatur	J

Reality: What are the issues/probl	(Tick relevant boxes)
Knowledge Practica	Personal and Professional
Options: How can the student ach	nieve their goals? (Tick relevant boxes)
Knowledge Practica	al Personal and Professional
1.	
2.	
3.	
4.	
Additional Comments -	
When/Will: When will this plan be	reviewed? Date: / /
vviicii, vviicii viii tiilo piaii be	Toviowod: Date. /
I understand the reason for this D	evelopment Action Plan which has been discussed and
agreed with the Paramedic Educa	ator and I understand I am responsible for informing my
EEAST and university course tuto	ors.
Student Signature:	Date: / /
A server of their hard hard server to the	a Link Lastura (Cauras Las dar
A copy of this has been sent to the	
Paramedic Educator (PEd) Name	PEd Signature:
Reality: What are the issues/probl	lems? (Tick relevant boxes)
Reality: What are the issues/probl Knowledge Practica	,
Knowledge Practica	·
Knowledge Practica	Personal and Professional nieve their goals? (Tick relevant boxes)
Knowledge Practica Options: How can the student ach	Personal and Professional nieve their goals? (Tick relevant boxes)
Coptions: How can the student ach Knowledge Practica	Personal and Professional nieve their goals? (Tick relevant boxes)
Coptions: How can the student ach Knowledge Practica 1.	Personal and Professional nieve their goals? (Tick relevant boxes)
Knowledge Practica Options: How can the student ach Knowledge Practica 1. 2.	Personal and Professional nieve their goals? (Tick relevant boxes)
Coptions: How can the student ach Knowledge Practica 1. 2. 3.	Personal and Professional nieve their goals? (Tick relevant boxes)
Knowledge Practica Options: How can the student ach Knowledge Practica 1. 2. 3. 4.	Personal and Professional nieve their goals? (Tick relevant boxes)
Knowledge Practica Options: How can the student ach Knowledge Practica 1. 2. 3. 4.	Personal and Professional nieve their goals? (Tick relevant boxes)
Coptions: How can the student ach Knowledge Practica 1. 2. 3. 4. Additional Comments -	Personal and Professional nieve their goals? (Tick relevant boxes) Personal and Professional
Knowledge Practica Options: How can the student ach Knowledge Practica 1. 2. 3. 4.	Personal and Professional nieve their goals? (Tick relevant boxes) Personal and Professional
Coptions: How can the student ach Knowledge Practica 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be	Personal and Professional nieve their goals? (Tick relevant boxes) Personal and Professional
Options: How can the student ach Knowledge Practica 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be I understand the reason for this D	Personal and Professional nieve their goals? (Tick relevant boxes) Personal and Professional Personal and Professional reviewed? Date: / /
Options: How can the student ach Knowledge Practica 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be I understand the reason for this D	Personal and Professional nieve their goals? (Tick relevant boxes) Personal and Professional reviewed? Date: / / revelopment Action Plan which has been discussed and ator and I understand I am responsible for informing my
Options: How can the student ach Knowledge Practica 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be agreed with the Paramedic Educa	Personal and Professional nieve their goals? (Tick relevant boxes) Personal and Professional reviewed? Date: / / revelopment Action Plan which has been discussed and ator and I understand I am responsible for informing my
Options: How can the student ach Knowledge Practica 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be I understand the reason for this Dagreed with the Paramedic Educa EEAST and university course tuto Student Signature:	Personal and Professional nieve their goals? (Tick relevant boxes) Personal and Professional reviewed? Date: / / Development Action Plan which has been discussed and ator and I understand I am responsible for informing my ors. Date: / /
Options: How can the student ach Knowledge Practica 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be I understand the reason for this Dagreed with the Paramedic Educate EEAST and university course tuto	Personal and Professional nieve their goals? (Tick relevant boxes) Personal and Professional reviewed? Date: / / Development Action Plan which has been discussed and ator and I understand I am responsible for informing my ors. Date: / / Date: / / Date: / / Date: / /

2. Moving and Handling: Students may patients using a range of techniques. Example specific equipment and lifting patients. To of carry chair, small handling aids, use standard = Independent	amples may inclu include but not lin	de, assisted walking, tran nited to ergonomics, risk	nsferring pa assessme	tients with ent, TILE, use
Formative				
Assessed level: Student				
Assessed level: PEd				
Date				
PEd Name				
PEd Sign				
Formative				
Assessed level: Student				
Assessed level: PEd				
Date				
PEd Name				
PEd Sign				
Summative				
Assessed level: Student				
Assessed level: PEd				
Date				
PEd Name				
PEd Sign				
Reality: What are the issues/proble	ms? (Tick rele	vant boxes)		
Knowledge Practical		Personal and Profess	sional _	
Options: How can the student achie	ev <u>e t</u> heir goals	? (Tick relevant boxes	5)	
Knowledge Practical		Personal and Profess	ional	
1. 2. 3. 4.				
Additional Comments -				
When/Will: When will this plan be r	eviewed?	Date:	/	/
I understand the reason for this De agreed with the Paramedic Educate EEAST and university course tutors	or and I unders			
Student Signature:		Date:	/	/
A copy of this has been sent to the	Link Lecturer/0	Course Leader		
Paramedic Educator (PEd) Name		PEd Sig	nature:	

Reality: What	are the issues/problems?	C(Tick relevant boxes)	_
Knowledge	Practical	Personal and Professional	
Options: How	can the student achieve t	their goals? (Tick relevant boxes)	
Knowledge	Practical	Personal and Professional	
1.			
2.			
3.			
4.			
Additional Co	mments -		
When/Will: W	hen will this plan be review	wed? Date: /	/
I understand	the reason for this Develor	pment Action Plan which has been disc	ussed and
agreed with t	ne Paramedic Educator an	nd I understand I am responsible for info	rming my
EEAST and u	iniversity course tutors.		
Student Sign	ature:	Date: /	/
A copy of this	has been sent to the Link	Lecturer/Course Leader	
Paramedic E	ducator (PEd) Name	PEd Signature:	
Reality: What	are the issues/problems?	(Tick relevant boxes)	
Knowledge	Practical	Personal and Professional	
Options: How	can the student achieve t	their goals? (Tick relevant boxes)	
Knowledge	Practical	Personal and Professional	
1.			
2.			
3.			
4.			
Additional Co	mments -		
When/Will: W	hen will this plan be review	wed? Date: /	/
Lunderstand	the reason for this Develor	pment Action Plan which has been disc	issed and
	•	nd I understand I am responsible for info	
_		Tanadiciana Familiosponoisio for imo	arig iriy
Student Sign	niversity course tutors		
	niversity course tutors. ature:	Date: /	/
	ature:		1
	<u> </u>		/

	will identify scenes that present with safety issues i.e. at acidents. They will learn to be aware of environmental factors including de-fusing and resolving conflict Minimum
Formative	
Assessed level: Student	
Assessed level: PEd	
Date	
PEd Name	
PEd Sign	
Formative	
Assessed level: Student	
Assessed level: PEd	
Date	
PEd Name	
PEd Sign	
Summative	
Assessed level: Student	
Assessed level: PEd	
Date	
PEd Name	
PEd Sign	
Reality: What are the issues/probler	ms? (Tick relevant boxes)
Reality: What are the issues/probler Knowledge Practical	ns? (Tick relevant boxes) Personal and Professional
Knowledge Practical	,
Knowledge Practical	Personal and Professional
Knowledge Practical Options: How can the student achie	Personal and Professional ve their goals? (Tick relevant boxes)
Knowledge Practical Options: How can the student achie Knowledge Practical	Personal and Professional ve their goals? (Tick relevant boxes)
Knowledge Practical Options: How can the student achie Knowledge Practical 1.	Personal and Professional ve their goals? (Tick relevant boxes)
Knowledge Practical Options: How can the student achie Knowledge Practical 1. 2.	Personal and Professional ve their goals? (Tick relevant boxes)
Knowledge Practical Options: How can the student achie Knowledge Practical 1. 2. 3.	Personal and Professional ve their goals? (Tick relevant boxes)
Knowledge Practical Options: How can the student achie Knowledge Practical 1. 2. 3. 4.	Personal and Professional ve their goals? (Tick relevant boxes)
Knowledge Practical Options: How can the student achie Knowledge Practical 1. 2. 3. 4.	Personal and Professional ve their goals? (Tick relevant boxes)
Knowledge Practical Options: How can the student achie Knowledge Practical 1. 2. 3. 4. Additional Comments -	Personal and Professional ve their goals? (Tick relevant boxes) Personal and Professional
Knowledge Practical Options: How can the student achie Knowledge Practical 1. 2. 3. 4.	Personal and Professional ve their goals? (Tick relevant boxes) Personal and Professional
Coptions: How can the student achie Knowledge Practical 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be resulted to the student achie Practical 1. 2. 3. 4. Additional Comments -	Personal and Professional ve their goals? (Tick relevant boxes) Personal and Professional
Coptions: How can the student achie Knowledge Practical 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be resulted to the student achie Practical 1. 2. 3. 4. Additional Comments -	Personal and Professional ve their goals? (Tick relevant boxes) Personal and Professional Personal and Professional Date: / /
Coptions: How can the student achie Knowledge Practical 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be resulted to the student achie Practical 1. 2. 3. 4. Additional Comments -	Personal and Professional ve their goals? (Tick relevant boxes) Personal and Professional eviewed? Date: / / relopment Action Plan which has been discussed and ar and I understand I am responsible for informing my
Options: How can the student achie Knowledge Practical 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be reason for this Devagreed with the Paramedic Educator	Personal and Professional ve their goals? (Tick relevant boxes) Personal and Professional eviewed? Date: / / relopment Action Plan which has been discussed and ar and I understand I am responsible for informing my
Options: How can the student achie Knowledge Practical 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be reason for this Devagreed with the Paramedic Educator EEAST and university course tutors Student Signature:	Personal and Professional ve their goals? (Tick relevant boxes) Personal and Professional Peviewed? Date: / / velopment Action Plan which has been discussed and or and I understand I am responsible for informing my Date: / /
Options: How can the student achie Knowledge Practical 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be reason for this Devagreed with the Paramedic Educator EEAST and university course tutors	Personal and Professional ve their goals? (Tick relevant boxes) Personal and Professional Peviewed? Date: / / velopment Action Plan which has been discussed and or and I understand I am responsible for informing my Date: / /

1100	are the issues/probler	ns? (Tick relevant	DOVE2)	_	_
Knowledge	Practical	Pers	onal and Profes	sional	
Options: How	<u>ca</u> n the student achie	v <u>e t</u> heir goals? (Ti	ck relevant boxe	es)	
Knowledge	Practical	Pers	onal and Profes	sional	
1.					
2.					
3.					
4.					
Additional Cor	nments -				
\/\hen/\/\ill·\/\h	nen will this plan be re	viewed?	Date:		
VVIICII/VVIII. VVI	ich will this plan be re	vicwca:	Date.	,	,
I understand tl	he reason for this Dev	elopment Action F	lan which has b	een discu	ssed and
agreed with th	e Paramedic Educato	r and I understand	l I am responsib	le for infor	ming my
EEAST and ur	niversity course tutors				
Student Signa	ture:		Date:	/	/
	has been sent to the I	Link Lecturer/Cour			
Paramedic Ed	ucator (PEd) Name		PEd Si	gnature:	
Reality: What	are the issues/probler	ns? (Tick relevant	boxes)		
Reality: What Knowledge	are the issues/probler Practical		boxes) onal and Profes	sional	
Knowledge	Practical	Pers	onal and Profes	_	
Knowledge Options: How	-	Pers	onal and Profes	es)	
Knowledge	Practical can the student achie	Pers	onal and Profes	es)	
Knowledge Options: How Knowledge	Practical can the student achie	Pers	onal and Profes	es)	
Knowledge Options: How Knowledge 1.	Practical can the student achie	Pers	onal and Profes	es)	
Knowledge Options: How Knowledge 1. 2.	Practical can the student achie	Pers	onal and Profes	es)	
Knowledge Options: How Knowledge 1. 2. 3.	Practical can the student achie Practical	Pers	onal and Profes	es)	
Knowledge Options: How Knowledge 1. 2. 3. 4.	Practical can the student achie Practical	Pers	onal and Profes	es)	
Knowledge Options: How Knowledge 1. 2. 3. 4.	Practical can the student achie Practical	Pers	onal and Profes	es)	
Knowledge Options: How Knowledge 1. 2. 3. 4. Additional Cor	Practical can the student achie Practical nments -	Pers	onal and Profesch relevant boxe onal and Profes	es)	
Knowledge Options: How Knowledge 1. 2. 3. 4. Additional Cor	Practical can the student achie Practical	Pers	onal and Profes	es)	
Knowledge Options: How Knowledge 1. 2. 3. 4. Additional Cor	Practical can the student achie Practical nments -	ve their goals? (Ti	onal and Profesch relevant boxe onal and Profesch	es) esional	/ ssed and
Knowledge Options: How Knowledge 1. 2. 3. 4. Additional Cor When/Will: Wh	Practical can the student achie Practical mments - nen will this plan be re ne reason for this Dev	Person ve their goals? (Time Person P	onal and Profesch relevant boxe onal and Profesch onal and Profesc	es) esional /	
Knowledge Options: How Knowledge 1. 2. 3. 4. Additional Cor When/Will: When/W	Practical can the student achie Practical men will this plan be re ne reason for this Dev e Paramedic Educato	ve their goals? (Time Person P	onal and Profesch relevant boxe onal and Profesch onal and Profesc	es) esional /	
Knowledge Options: How Knowledge 1. 2. 3. 4. Additional Cor When/Will: Wh I understand the agreed with the EEAST and understand unde	Practical can the student achie Practical men will this plan be re the reason for this Develor Paramedic Educato niversity course tutors	ve their goals? (Time Person P	Date: Plan which has b	es) esional /	
Knowledge Options: How Knowledge 1. 2. 3. 4. Additional Cor When/Will: When/W	Practical can the student achie Practical men will this plan be re the reason for this Develor Paramedic Educato niversity course tutors	ve their goals? (Time Person P	onal and Profesch relevant boxe onal and Profesch onal and Profesc	es) esional /	
Knowledge Options: How Knowledge 1. 2. 3. 4. Additional Cor When/Will: Wh I understand the agreed with the EEAST and understand under understand under understand und	Practical can the student achie Practical men will this plan be re the reason for this Develor Paramedic Educato niversity course tutors	ve their goals? (Time Person P	Date: Date: Date:	es) esional /	

equipment (high visibility jacket of awareness and actions to address lighting or vehicle movement Minin	emonstrated by the appropriate use of personal prot or helmets, gloves, aprons, eye protection s actual, or potential on scene hazards such as, dogs, mum standard = Independent) and
Formative		
Assessed level: Student		
Assessed level: PEd		
Date		
PEd Name		
PEd Sign		
Formative		
Assessed level: Student		
Assessed level: PEd		
Date		
PEd Name		
PEd Sign		
Summative		
Assessed level: Student		
Assessed level: PEd		
Date		
PEd Name		
PEd Sign		
Reality: What are the issues/problem	,	
Reality: What are the issues/problems	Personal and Professional	
Reality: What are the issues/problem	Personal and Professional nieve their goals? (Tick relevant boxes)	
Reality: What are the issues/problem	Personal and Professional nieve their goals? (Tick relevant boxes)	
Reality: What are the issues/problem	Personal and Professional nieve their goals? (Tick relevant boxes)	
Reality: What are the issues/problem	Personal and Professional nieve their goals? (Tick relevant boxes)	
Reality: What are the issues/problem	Personal and Professional nieve their goals? (Tick relevant boxes)	
Reality: What are the issues/proble Knowledge Practical Options: How can the student ach Knowledge Practical 1. 2. 3. 4.	Personal and Professional nieve their goals? (Tick relevant boxes)	
Reality: What are the issues/problem	Personal and Professional nieve their goals? (Tick relevant boxes)	
Reality: What are the issues/proble Knowledge Practical Options: How can the student ach Knowledge Practical 1. 2. 3. 4.	Personal and Professional nieve their goals? (Tick relevant boxes)	
Reality: What are the issues/proble Knowledge Practical Options: How can the student ach Knowledge Practical 1. 2. 3. 4.	Personal and Professional nieve their goals? (Tick relevant boxes)	
Reality: What are the issues/proble Knowledge Practical Options: How can the student ach Knowledge Practical 1. 2. 3. 4.	Personal and Professional nieve their goals? (Tick relevant boxes) al Personal and Professional	
Reality: What are the issues/problems	Personal and Professional nieve their goals? (Tick relevant boxes) al Personal and Professional reviewed? Date: / /	
Reality: What are the issues/proble Knowledge Practical Options: How can the student ach Knowledge Practical 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be I understand the reason for this D	Personal and Professional nieve their goals? (Tick relevant boxes) Personal and Professional Personal and Professional Perviewed? Date: / / Development Action Plan which has been discussed an	
Reality: What are the issues/proble Knowledge Practical Options: How can the student ach Knowledge Practical 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be agreed with the Paramedic Education and the reason for this D agreed with the Paramedic Education and the reason for this D agreed with the Paramedic Education and the reason for this D agreed with the Paramedic Education and the reason for this D agreed with the Paramedic Education and the reason for this D agreed with the Paramedic Education and the reason for this D agreed with the Paramedic Education and the reason for this D agreed with the Paramedic Education and the reason for this D agreed with the Paramedic Education and the reason for this D agreed with the Paramedic Education and the reason for this D agreed with the Paramedic Education and the reason for this D agreed with the Paramedic Education and the reason for this D agreed with the Paramedic Education and the reason for this D agreed with the Paramedic Education and the reason for this D agreed with the Paramedic Education and the reason for this D agreed with the Paramedic Education and the reason for this D agreed with the Paramedic Education and the reason for this D agreed with the Paramedic Education and the reason for the parameter and the reason for the parameter and the reason for the parameter and the p	Personal and Professional nieve their goals? (Tick relevant boxes) Personal and Professional	
Reality: What are the issues/proble Knowledge Practical Options: How can the student ach Knowledge Practical 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be I understand the reason for this D agreed with the Paramedic Educate EEAST and university course tuto	Personal and Professional nieve their goals? (Tick relevant boxes) Personal and Professional Personal and Professional	
Reality: What are the issues/proble Knowledge Practical Options: How can the student ach Knowledge Practical 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be agreed with the Paramedic Education and the reason for this D agreed with the Paramedic Education and the reason for this D agreed with the Paramedic Education and the reason for this D agreed with the Paramedic Education and the reason for this D agreed with the Paramedic Education and the reason for this D agreed with the Paramedic Education and the reason for this D agreed with the Paramedic Education and the reason for this D agreed with the Paramedic Education and the reason for this D agreed with the Paramedic Education and the reason for this D agreed with the Paramedic Education and the reason for this D agreed with the Paramedic Education and the reason for this D agreed with the Paramedic Education and the reason for this D agreed with the Paramedic Education and the reason for this D agreed with the Paramedic Education and the reason for this D agreed with the Paramedic Education and the reason for this D agreed with the Paramedic Education and the reason for this D agreed with the Paramedic Education and the reason for this D agreed with the Paramedic Education and the reason for the parameter and the reason for the parameter and the reason for the parameter and the p	Personal and Professional nieve their goals? (Tick relevant boxes) Personal and Professional	
Reality: What are the issues/proble Knowledge Practical Options: How can the student ach Knowledge Practical 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be I understand the reason for this D agreed with the Paramedic Educate EEAST and university course tuto	Personal and Professional nieve their goals? (Tick relevant boxes) Personal and Professional Personal and Professional Perviewed? Date: / / Development Action Plan which has been discussed an ator and I understand I am responsible for informing myors. Date: / /	

Reality: What ar	e the issues/problem <u>s?</u>	(Tick relevant boxes)		
Knowledge	Practical	Personal and	l Professional	
Options: How ca	n the student achieve t	heir goals? (Tick releva	ant boxes)	
Knowledge	Practical		Professional	
1.				
2.				
3.				
4.				
Additional Comp	nents -			
When/Will: Whe	n will this plan be revie	wed? Da	to: /	
vviiei/vviii. vviie	ii wiii tiiis piati be tevie	weu: Da	ie. /	,
I understand the	reason for this Develo	pment Action Plan which	h has been dis	scussed and
agreed with the	Paramedic Educator ar	nd I understand I am re	sponsible for in	forming my
_	versity course tutors.		•	
Student Signatu	re:	Da	te: /	/
		Lecturer/Course Lead		
Paramedic Educ	cator (PEd) Name		PEd Signature):
Reality: What ar	e the issues/problems?	(Tick relevant boxes)		
Knowledge	Practical		l Professional	
Options: How ca	n the student achieve	<u>:</u> heir goals? (Tick releva	ant boxes)	
Knowledge	Practical	_	l Professional	
1.		-		
2.				
3.				
4.				
Additional Comm				
	nents -			
, idailional Com	nents -			
, taai	nents -			
		us d2 De	40.	
	nents - n will this plan be revie	wed? Da	te: /	/
When/Will: Whe	n will this plan be revie			/ scussed and
When/Will: Whe	n will this plan be revie reason for this Develo	pment Action Plan which	h has been dis	
When/Will: Whe I understand the agreed with the	n will this plan be revie reason for this Develo Paramedic Educator ar		h has been dis	
When/Will: Whe I understand the agreed with the EEAST and univ	n will this plan be revie reason for this Develo Paramedic Educator ar versity course tutors.	pment Action Plan which and I understand I am res	h has been dis sponsible for ir	
When/Will: Whe I understand the agreed with the	n will this plan be revie reason for this Develo Paramedic Educator ar versity course tutors.	pment Action Plan which and I understand I am res	h has been dis	
When/Will: Whe I understand the agreed with the EEAST and univ	n will this plan be revie reason for this Develo Paramedic Educator ar versity course tutors. re:	pment Action Plan which and I understand I am res	th has been dis	

	ss-infection): Students must demonstrate appropriate hygiene				
procedures such as the use of protective gloves , routine hand washing , disposable products and using appropriate cleaning mediums and methods for personal, vehicle and equipment					
hygiene. Aseptic technique will be applied when appropriate and possible with consideration for					
	ome knowledge of reporting HSE issues and RIDDOR -				
Minimum standard = Independent					
Formative					
Assessed level: Student					
Assessed level: PEd					
Date					
PEd Name					
PEd Sign					
Formative					
Assessed level: Student					
Assessed level: PEd					
Date					
PEd Name					
PEd Sign					
Summative					
Assessed level: Student					
Assessed level: PEd					
Date					
PEd Name					
PEd Sign					
Reality: What are the issues/probl	ems? (Tick relevant boxes)				
Reality: What are the issues/probl Knowledge Practica	,				
Knowledge Practica	,				
Knowledge Practica	Personal and Professional leve their goals? (Tick relevant boxes)				
Knowledge Practica Options: How can the student ach	Personal and Professional leve their goals? (Tick relevant boxes)				
Knowledge Practica Options: How can the student ach Knowledge Practica	Personal and Professional leve their goals? (Tick relevant boxes)				
Knowledge Practica Options: How can the student ach Knowledge Practica 1.	Personal and Professional leve their goals? (Tick relevant boxes)				
Knowledge Practica Options: How can the student ach Knowledge Practica 1. 2.	Personal and Professional leve their goals? (Tick relevant boxes)				
Knowledge Practica Options: How can the student ach Knowledge Practica 1. 2. 3.	Personal and Professional leve their goals? (Tick relevant boxes)				
Knowledge Practica Options: How can the student ach Knowledge Practica 1. 2. 3. 4.	Personal and Professional leve their goals? (Tick relevant boxes)				
Knowledge Practica Options: How can the student ach Knowledge Practica 1. 2. 3. 4.	Personal and Professional leve their goals? (Tick relevant boxes)				
Coptions: How can the student ach Knowledge Practica 1. 2. 3. 4. Additional Comments -	Personal and Professional leve their goals? (Tick relevant boxes) Personal and Professional				
Knowledge Practica Options: How can the student ach Knowledge Practica 1. 2. 3. 4.	Personal and Professional leve their goals? (Tick relevant boxes) Personal and Professional				
Coptions: How can the student ach Knowledge Practica 1. 2. 3. 4. Additional Comments -	Personal and Professional leve their goals? (Tick relevant boxes) Personal and Professional				
Coptions: How can the student ach Knowledge Practica 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be I understand the reason for this De	Personal and Professional leve their goals? (Tick relevant boxes) Personal and Professional Personal and Professional				
Coptions: How can the student ach Knowledge Practica 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be I understand the reason for this De	Personal and Professional ieve their goals? (Tick relevant boxes) Personal and Professional reviewed? Date: / / evelopment Action Plan which has been discussed and tor and I understand I am responsible for informing my				
Options: How can the student ach Knowledge Practica 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be agreed with the Paramedic Educa EEAST and university course tuto	Personal and Professional ieve their goals? (Tick relevant boxes) Personal and Professional reviewed? Date: / / evelopment Action Plan which has been discussed and tor and I understand I am responsible for informing my				
Options: How can the student ach Knowledge Practica 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be agreed with the Paramedic Educa EEAST and university course tuto Student Signature:	Personal and Professional leve their goals? (Tick relevant boxes) Personal and Professional reviewed? Date: / / evelopment Action Plan which has been discussed and tor and I understand I am responsible for informing my rs. Date: / /				
Options: How can the student ach Knowledge Practica 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be agreed with the Paramedic Educa EEAST and university course tuto	Personal and Professional leve their goals? (Tick relevant boxes) Personal and Professional reviewed? Date: / / evelopment Action Plan which has been discussed and tor and I understand I am responsible for informing my rs. Date: / /				

Reality: What a	re the issues/problems?	? (Tick relevant boxes)		
Knowledge	Practical	Personal and	l Professional	
Options: How c	an the student achieve	their goals? (Tick releva	int boxes)	
Knowledge	Practical	Personal and	l Professional	
1.				
2.				
3.				
4.				
Additional Com	ments -			
When/Will: Whe	en will this plan be revie	wed? Da	te: /	/
I understand the	e reason for this Develo	pment Action Plan which	h has been dis	cussed and
agreed with the	Paramedic Educator a	nd I understand I am res	sponsible for in	forming my
EEAST and uni	versity course tutors.			
Student Signatu	ıre:	Da	te: /	/
A copy of this h	as been sent to the Link	k Lecturer/Course Lead	er	
Paramedic Edu	cator (PEd) Name		PEd Signature	:
Reality: What a	re the issues/problems?	(Tick relevant boxes)		
Knowledge	Practical		l Professional	
		their goals? (Tick releva		
Knowledge	Practical	Personal and	l Professional	
1.				
2.				
3.				
4.				
Additional Com	ments -			
When/Will: Whe	en will this plan be revie	wed? Da	te: /	/
I understand the	e reason for this Develo	pment Action Plan which	h has been dis	cussed and
agreed with the	Paramedic Educator a	nd I understand I am res	sponsible for in	forming my
EEAST and uni	versity course tutors.			
Student Signatu	ıre:	Da	te: /	/
A copy of this h	as been sent to the Link	k Locturor/Course Lood	or	
		k Lecturer/Course Lead		
r aramedic Edu	cator (PEd) Name		PEd Signature	•

(where appropriate) adverse circumstan potential trip or slip hazards in a patie	ces tha ent's h	at impact on a patient's health. This migore or appropriate access to personal	ght include identifying I safety aids (walking
frames or emergency alarms) and lifes Formative	tyle gu	ildance Minimum standard = Indepen	dent
Assessed level: Student			
Assessed level: PEd			
Date			
PEd Name			
PEd Sign			
T Lu Oigii			
Formative			
Assessed level: Student			
Assessed level: PEd			
Date			
PEd Name			
PEd Sign			
Summative			
Assessed level: Student			
Assessed level: PEd			
Date			
PEd Name			
PEd Sign			
	0	/ 	
Reality: What are the issues/probl		7`	. \square
Knowledge Practica		Personal and Professio	nal
Options: How can the student ach		7	. \square
Knowledge Practica		Personal and Professio	nal
1.			
2.			
3.			
4.			
Additional Comments -			
When/Will: When will this plan be	reviev	wed? Date:	/
I understand the reason for this D	evelop	pment Action Plan which has bee	n discussed and
agreed with the Paramedic Educa	tor an	nd I understand I am responsible f	or informing my
EEAST and university course tuto	rs.		
Student Signature:		Date:	/
A copy of this has been sent to the	e Link	Lecturer/Course Leader	
Paramedic Educator (PEd) Name		PEd Signa	ature:

Reality: What a	re the issues/problems	s? (Tick re	levant boxes)	,	
Knowledge	Practical		Personal and Profe	essional	
Options: How c	an the student achieve	e their goa	ls? (Tick relevant bo	xes)	
Knowledge	Practical		Personal and Profe	essional	
1.					
2.					
3.					
4.					
Additional Com	ments -				
When/Will: Whe	en will this plan be revi	iewed?	Date:	/	/
I understand the	e reason for this Deve	lopment A	ction Plan which has	been disc	ussed and
agreed with the	Paramedic Educator	and I unde	erstand I am respons	ible for info	orming my
EEAST and uni	versity course tutors.				
Student Signatu	ıre:		Date:	/	/
A copy of this h	as been cent to the Li	nk Looture	or/Course Leader		
	as been sent to the Li	nk Lecture		Cian oturo:	
Paramedic Edu	cator (PEd) Name		PEU	Signature:	
=	re the issues/problems	s? (Tick re		ŗ	
Knowledge	Practical		Personal and Profe		
-	an the student achieve	<u>e t</u> heir goa			_
Knowledge	Practical		Personal and Profe	essional	
1.					
2.					
3.					
4.					
Additional Com	ments -				
When/Will: Whe	en will this plan be revi	iewed?	Date:	/	/
	·				
I understand the	e reason for this Devel	lopment A	ction Plan which has	been disc	ussed and
	Paramedic Educator	and I unde	erstand I am respons	ible for info	orming my
	versity course tutors.				
Student Signatu	ıre:		Date:	/	1
A copy of this h	as been sent to the Li	nk Lecture	er/Course Leader		
	cator (PEd) Name	in Lecture		Signature:	
i arameuic Euu	cator (F Lu) Name		FEU	orginature.	

	gnity and respect to a wide range of service users. In doing			
this they will demonstrate they have a professional duty of care as they consider the patient, their carer's and family acting as an advocate when required. The student will involve other health care				
, , , , , , , , , , , , , , , , , , , ,	ne patient's needs and will adhere to local Trust policies in			
1	vement Minimum standard = Independent			
Formative				
Assessed level: Student				
Assessed level: PEd				
Date				
PEd Name				
PEd Sign				
Formative				
Assessed level: Student				
Assessed level: PEd				
Date				
PEd Name				
PEd Sign				
Summative				
Assessed level: Student				
Assessed level: PEd				
Date				
PEd Name				
PEd Sign				
Reality: What are the issues/proble				
Reality: What are the issues/proble Knowledge Practical	Personal and Professional			
Reality: What are the issues/proble Knowledge Practical Options: How can the student achie	Personal and Professional ieve their goals? (Tick relevant boxes)			
Reality: What are the issues/proble Knowledge Practical Options: How can the student achi Knowledge Practical	Personal and Professional ieve their goals? (Tick relevant boxes)			
Reality: What are the issues/proble Knowledge Practical Options: How can the student achi Knowledge Practical 1.	Personal and Professional ieve their goals? (Tick relevant boxes)			
Reality: What are the issues/proble Knowledge Practical Options: How can the student achi Knowledge Practical 1.	Personal and Professional ieve their goals? (Tick relevant boxes)			
Reality: What are the issues/proble Knowledge Practical Options: How can the student achi Knowledge Practical 1. 2. 3.	Personal and Professional ieve their goals? (Tick relevant boxes)			
Reality: What are the issues/proble Knowledge Practical Options: How can the student achi Knowledge Practical 1. 2. 3. 4.	Personal and Professional ieve their goals? (Tick relevant boxes)			
Reality: What are the issues/proble Knowledge Practical Options: How can the student achi Knowledge Practical 1. 2. 3.	Personal and Professional ieve their goals? (Tick relevant boxes)			
Reality: What are the issues/proble Knowledge Practical Options: How can the student achi Knowledge Practical 1. 2. 3. 4.	Personal and Professional ieve their goals? (Tick relevant boxes)			
Reality: What are the issues/proble Knowledge Practical Options: How can the student achi Knowledge Practical 1. 2. 3. 4. Additional Comments -	Personal and Professional ieve their goals? (Tick relevant boxes) Personal and Professional			
Reality: What are the issues/proble Knowledge Practical Options: How can the student achi Knowledge Practical 1. 2. 3. 4.	Personal and Professional ieve their goals? (Tick relevant boxes) Personal and Professional			
Reality: What are the issues/proble Knowledge Practical Options: How can the student achi Knowledge Practical 1. 2. 3. 4. Additional Comments -	Personal and Professional ieve their goals? (Tick relevant boxes) Personal and Professional			
Reality: What are the issues/proble Knowledge Practical Options: How can the student achi Knowledge Practical 1. 2. 3. 4. Additional Comments -	Personal and Professional ieve their goals? (Tick relevant boxes) Personal and Professional Personal and Professional reviewed? Date: / /			
Reality: What are the issues/proble Knowledge Practical Options: How can the student achi Knowledge Practical 1. 2. 3. 4. Additional Comments -	Personal and Professional lieve their goals? (Tick relevant boxes) Personal and Professional reviewed? Date: / / evelopment Action Plan which has been discussed and tor and I understand I am responsible for informing my			
Reality: What are the issues/proble Knowledge Practical Options: How can the student achi Knowledge Practical 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be a agreed with the Paramedic Educate	Personal and Professional lieve their goals? (Tick relevant boxes) Personal and Professional reviewed? Date: / / evelopment Action Plan which has been discussed and tor and I understand I am responsible for informing my			
Reality: What are the issues/proble Knowledge Practical Options: How can the student achi Knowledge Practical 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be a greed with the Paramedic Educat EEAST and university course tutor Student Signature:	Personal and Professional lieve their goals? (Tick relevant boxes) Personal and Professional reviewed? Date: / / evelopment Action Plan which has been discussed and tor and I understand I am responsible for informing my rs. Date: / /			
Reality: What are the issues/proble Knowledge Practical Options: How can the student achi Knowledge Practical 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be a greed with the Paramedic Educat EEAST and university course tutor	Personal and Professional lieve their goals? (Tick relevant boxes) Personal and Professional reviewed? Date: / / evelopment Action Plan which has been discussed and tor and I understand I am responsible for informing my rs. Date: / /			

Reality: What are the issues/problems? (Tick re	levant boxes)	
Knowledge Practical	Personal and Professiona	
Options: How can the student achieve their goa	ls? (Tick relevant boxes)	
Knowledge Practical	Personal and Professiona	ı 🗀
1.		
2.		
3.		
4.		
Additional Comments -		
When/Will: When will this plan be reviewed?	Date: /	/
I understand the reason for this Development A	ction Plan which has been o	discussed and
agreed with the Paramedic Educator and I unde	erstand I am responsible for	informing my
EEAST and university course tutors.		
Student Signature:	Date: /	/
A copy of this has been sent to the Link Lecture	r/Course Leader	
Paramedic Educator (PEd) Name	PEd Signatu	re:
Reality: What are the issues/problems? (Tick re		. 🗆
Knowledge Practical Practical	Personal and Professiona	
Options: How can the student achieve their goa Knowledge Practical	Personal and Professiona	
1.	T Grownal and T Toroccione	
2.		
3.		
4. Additional Comments -		
Additional Comments -		
When/Will: When will this plan be reviewed?	Date: /	/
I understand the reason for this Development A	ction Plan which has been o	discussed and
agreed with the Paramedic Educator and I under		
	•	• •
EEAST and university course tutors.		
Student Signature:	Date: /	/
-		/

coherent explanations to patients or a written consent, verbal consent an the patients best interests in an eme	patient consent for all examinations and treatment and give advocate as required. They will understand informed consent , ad implied consent and will consider this in relation to acting in ergency. With this they will show an understanding of DNA -nd living wills Minimum standard = Independent
Formative	
Assessed level: Student	
Assessed level: PEd	
Date	
PEd Name	
PEd Sign	
Formative	
Assessed level: Student	
Assessed level: PEd	
Date	
PEd Name	
PEd Sign	
Summative	
Assessed level: Student	
Assessed level: PEd	
Date	
PEd Name	
PEd Sign	
Reality: What are the issues/proble	em <u>s?</u> (Tick relevant boxes)
Reality: What are the issues/proble Knowledge Practical	
Knowledge Practical	
Knowledge Practical	Personal and Professional ieve their goals? (Tick relevant boxes)
Knowledge Practical Options: How can the student ach	Personal and Professional ieve their goals? (Tick relevant boxes)
Knowledge Practical Options: How can the student ach Knowledge Practical	Personal and Professional ieve their goals? (Tick relevant boxes)
Knowledge Practical Options: How can the student ach Knowledge Practical 1.	Personal and Professional ieve their goals? (Tick relevant boxes)
Knowledge Practical Options: How can the student ach Knowledge Practical 1. 2.	Personal and Professional ieve their goals? (Tick relevant boxes)
Coptions: How can the student ach Knowledge Practical 1. 2. 3.	Personal and Professional ieve their goals? (Tick relevant boxes)
Coptions: How can the student ach Knowledge Practical 1. 2. 3. 4.	Personal and Professional ieve their goals? (Tick relevant boxes)
Coptions: How can the student ach Knowledge Practical 1. 2. 3. 4.	Personal and Professional ieve their goals? (Tick relevant boxes)
Coptions: How can the student ach Knowledge Practical 1. 2. 3. 4. Additional Comments -	Personal and Professional ieve their goals? (Tick relevant boxes) I Personal and Professional
Coptions: How can the student ach Knowledge Practical 1. 2. 3. 4.	Personal and Professional ieve their goals? (Tick relevant boxes) I Personal and Professional
Knowledge Practical Options: How can the student ach Knowledge Practical 1. 2. 3. 4. Additional Comments -	Personal and Professional ieve their goals? (Tick relevant boxes) I Personal and Professional
Options: How can the student ach Knowledge Practical 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be	Personal and Professional ieve their goals? (Tick relevant boxes) I Personal and Professional reviewed? Date: / /
Options: How can the student ach Knowledge Practical 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be	Personal and Professional ieve their goals? (Tick relevant boxes) Personal and Professional reviewed? Date: / / evelopment Action Plan which has been discussed and tor and I understand I am responsible for informing my
Options: How can the student ach Knowledge Practical 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be agreed with the Paramedic Educal	Personal and Professional ieve their goals? (Tick relevant boxes) Personal and Professional reviewed? Date: / / evelopment Action Plan which has been discussed and tor and I understand I am responsible for informing my
Options: How can the student ach Knowledge Practical 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be agreed with the Paramedic Educa EEAST and university course tuto Student Signature:	Personal and Professional ieve their goals? (Tick relevant boxes) I Personal and Professional reviewed? Date: / / evelopment Action Plan which has been discussed and tor and I understand I am responsible for informing my rs. Date: / /
Options: How can the student ach Knowledge Practical 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be agreed with the Paramedic Educa EEAST and university course tutological practical p	Personal and Professional ieve their goals? (Tick relevant boxes) I Personal and Professional reviewed? Date: / / evelopment Action Plan which has been discussed and tor and I understand I am responsible for informing my rs. Date: / /

Reality: What a	re the issues/problems	s? (Tick rele	evant boxes)	_	_
Knowledge	Practical		Personal and Profes	ssional	
Options: How c	an the student achieve	their goals	s? (Tick relevant box	es)	
Knowledge	Practical		Personal and Profes	ssional	
1.					
2.					
3.					
4.					
Additional Com	ments -				
When/Will: Whe	en will this plan be revi	ewed?	Date:	1	/
I understand the	e reason for this Devel	lopment Ac	tion Plan which has I	been discu	issed and
agreed with the	Paramedic Educator a	and I under	stand I am responsib	ole for info	rming my
EEAST and uni	iversity course tutors.				
Student Signatu	ure:		Date:	/	/
A copy of this b	as been sent to the Lir	ak Locturor	/Course Leader		
		ik Lecturer		ianatura:	
Paramedic Edu	icator (PEd) Name		PEU 5	ignature:	
-	re the issues/problems	s? (Tick rele		г	
Knowledge	Practical		Personal and Profes		
-	an the student achieve	their goals		-	
Knowledge	Practical		Personal and Profes	ssional _	
1.					
2.					
3.					
4.					
Additional Com	ments -				
When/Will: Whe	en will this plan be revi	ewed?	Date:	/	/
I understand the	e reason for this Devel	lopment Ac	tion Plan which has I	been discu	issed and
agreed with the	Paramedic Educator a	and I under	stand I am responsik	ole for info	rming my
EEAST and uni	iversity course tutors.				
Student Signatu	ure:		Date:	/	1
	as been sent to the Lir	nk Lecturer			
Paramedic Edu	icator (PEd) Name		PEd S	ignature:	

9. Confidentiality: Students must me information to relevant persons in a and other patient documentation mu	a suitable	e environment.	Patient report for	orms (PR	(Fs/electronic)
Minimum standard = Independent Formative					
Assessed level: Student					
Assessed level: PEd					
Date					
PEd Name					
PEd Sign					
Formative					
Assessed level: Student					
Assessed level: PEd					
Date					
PEd Name					
PEd Sign					
Summative					
Assessed level: Student					
Assessed level: PEd					
Date					
PEd Name					
PEd Sign					
Reality: What are the issues/probl	,		•		
Knowledge Practica	ıl <u> </u>	Pers	onal and Profe		
Knowledge Practica Options: How can the student ach	il	Pers eir goals? (Tid	onal and Profe	es)	
Knowledge Practica Options: How can the student ach Knowledge Practica	il	Pers eir goals? (Tid	onal and Profe	es)	
Knowledge Practica Options: How can the student ach	il	Pers eir goals? (Tid	onal and Profe	es)	
Knowledge Practica Options: How can the student ach Knowledge Practica	il	Pers eir goals? (Tid	onal and Profe	es)	
Knowledge Practical Options: How can the student ach Knowledge Practical 1.	il	Pers eir goals? (Tid	onal and Profe	es)	
Knowledge Practical Options: How can the student ach Knowledge Practical 1. 2.	il	Pers eir goals? (Tid	onal and Profe	es)	
Knowledge Practical Options: How can the student ach Knowledge Practical 1. 2. 3.	il	Pers eir goals? (Tid	onal and Profe	es)	
Knowledge Practical Options: How can the student ach Knowledge Practical 1. 2. 3. 4.	il	Pers eir goals? (Tid	onal and Profe	es)	
Knowledge Practical Options: How can the student ach Knowledge Practical 1. 2. 3. 4.	il	Pers eir goals? (Tid	onal and Profe	es)	
Knowledge Practical Options: How can the student ach Knowledge Practical 1. 2. 3. 4. Additional Comments -	il`nieve the	Pers eir goals? (Tid Pers	onal and Profe ck relevant box onal and Profe	es)	
Knowledge Practical Options: How can the student ach Knowledge Practical 1. 2. 3. 4.	il`nieve the	Pers eir goals? (Tid Pers	onal and Profe	es)	
Knowledge Practical Options: How can the student ach Knowledge Practical 1. 2. 3. 4. Additional Comments -	nieve the	Pers eir goals? (Tid Pers	onal and Profeck relevant box onal and Profe	es) ssional	/ scussed and
Knowledge Practical Options: How can the student ach Knowledge Practical 1. 2. 3. 4. Additional Comments -	reviewe	Pers eir goals? (Tid Pers ed? ment Action P	Date:	es) ssional /	
Coptions: How can the student ach Knowledge Practical 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be I understand the reason for this D	reviewe evelopr	Pers eir goals? (Tid Pers ed? ment Action P	Date:	es) ssional /	
Coptions: How can the student ach Knowledge Practical 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be I understand the reason for this D agreed with the Paramedic Education and the student ach Practical P	reviewe evelopr	Pers eir goals? (Tid Pers ed? ment Action P	Date:	es) ssional /	
Options: How can the student ach Knowledge Practical 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be I understand the reason for this D agreed with the Paramedic Educate EEAST and university course tuto Student Signature:	reviewer evelopre ator and	eir goals? (Tiden Persection Pers	Date: Date: Date: Date:	es) ssional /	
Options: How can the student ach Knowledge Practical 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be I understand the reason for this D agreed with the Paramedic Educate EEAST and university course tuto	reviewed eveloprator and ors.	eir goals? (Tiden Persection Pers	Date: Date: Date: Date: Date: Date:	es) ssional /	forming my /

Reality: What are the issues/problems? (Tick re	levant boxes)
Knowledge Practical	Personal and Professional
Options: How can the student achieve their goa	ls? (Tick relevant boxes)
Knowledge Practical	Personal and Professional
1.	
2.	
3.	
4.	
Additional Comments -	
When/Will: When will this plan be reviewed?	Date: / /
I understand the reason for this Development A	ction Plan which has been discussed and
agreed with the Paramedic Educator and I under	
EEAST and university course tutors.	,
Student Signature:	Date: / /
A copy of this has been sent to the Link Lecture	
Paramedic Educator (PEd) Name	PEd Signature:
Reality: What are the issues/problems? (Tick re	levant boxes)
Knowledge Practical	Personal and Professional
Options: How can the student achieve their goa	ls? (Tick relevant boxes)
Knowledge Practical	Personal and Professional
1.	
2.	
3.	
4.	
Additional Comments -	
When/Will: When will this plan be reviewed?	Date: / /
I understand the reason for this Development A	ction Plan which has been discussed and
agreed with the Paramedic Educator and I unde	
EEAST and university course tutors.	
Student Signature:	Date: / /
A copy of this has been sent to the Link Lecture	
Paramedic Educator (PEd) Name	PEd Signature:

the decision. They will apply this to practice with consider in their decision making local Trust policies and best practice guidelines. This could include patients with mental illness, dementia and those under the influence of alcohol or recreational drugs Minimum standard = Independent Formative Assessed level: Student. Assessed level: PEd	10. Capacity: The student will under understand the decision, retain th				
patients with mental illness, dementia and those under the influence of alcohol or recreational drugs Minimum standard = Independent Formative Assessed level: Student. Assessed level: PEd					
drugs Minimum standard = Independent Formative Assessed level: Student	consider in their decision making loc	al Trust policies	and best practice guide	elines. Th	is could include
Formative Assessed level: Student	•		nder the influence of a	Icohol or	recreational
Assessed level: Student		endent			
Assessed level: PEd					
Date					
PEd Sign. Formative Assessed level: Student					
PEd Sign					
Formative Assessed level: Student					
Assessed level: Student					
Assessed level: PEd	Formative				
Date	Assessed level: Student				
PEd Name PEd Sign Summative Assessed level: Student Assessed level: PEd Date PEd Name PEd Sign Reality: What are the issues/problems? (Tick relevant boxes) Knowledge Practical Personal and Professional Options: How can the student achieve their goals? (Tick relevant boxes) Knowledge Practical Personal and Professional 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be reviewed? Date: / / I understand the reason for this Development Action Plan which has been discussed and agreed with the Paramedic Educator and I understand I am responsible for informing my EEAST and university course tutors. Student Signature: Date: / /	Assessed level: PEd				
Summative Assessed level: Student	Date				
Summative Assessed level: Student	PEd Name				
Assessed level: Student	PEd Sign				
Assessed level: PEd	Summative				
Date	Assessed level: Student				
PEd Sign Reality: What are the issues/problems? (Tick relevant boxes) Knowledge Practical Personal and Professional Options: How can the student achieve their goals? (Tick relevant boxes) Knowledge Practical Personal and Professional 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be reviewed? Date: / / I understand the reason for this Development Action Plan which has been discussed and agreed with the Paramedic Educator and I understand I am responsible for informing my EEAST and university course tutors. Student Signature: Date: / /	Assessed level: PEd				
Reality: What are the issues/problems? (Tick relevant boxes) Knowledge Practical Personal and Professional Options: How can the student achieve their goals? (Tick relevant boxes) Knowledge Practical Personal and Professional 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be reviewed? Date: / / I understand the reason for this Development Action Plan which has been discussed and agreed with the Paramedic Educator and I understand I am responsible for informing my EEAST and university course tutors. Student Signature: Date: / /	Date				
Reality: What are the issues/problems? (Tick relevant boxes) Knowledge	PEd Name				
Knowledge Practical Personal and Professional Options: How can the student achieve their goals? (Tick relevant boxes) Knowledge Practical Personal and Professional 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be reviewed? Date: / / I understand the reason for this Development Action Plan which has been discussed and agreed with the Paramedic Educator and I understand I am responsible for informing my EEAST and university course tutors. Student Signature: Date: / /	PEd Sign				
Knowledge Practical Personal and Professional Options: How can the student achieve their goals? (Tick relevant boxes) Knowledge Practical Personal and Professional 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be reviewed? Date: / / I understand the reason for this Development Action Plan which has been discussed and agreed with the Paramedic Educator and I understand I am responsible for informing my EEAST and university course tutors. Student Signature: Date: / /					
Knowledge Practical Personal and Professional Options: How can the student achieve their goals? (Tick relevant boxes) Knowledge Practical Personal and Professional 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be reviewed? Date: / / I understand the reason for this Development Action Plan which has been discussed and agreed with the Paramedic Educator and I understand I am responsible for informing my EEAST and university course tutors. Student Signature: Date: / /					
Options: How can the student achieve their goals? (Tick relevant boxes) Knowledge Practical Personal and Professional 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be reviewed? Date: / / I understand the reason for this Development Action Plan which has been discussed and agreed with the Paramedic Educator and I understand I am responsible for informing my EEAST and university course tutors. Student Signature: Date: / /	· ·	,	•	г	\neg
Knowledge Practical Personal and Professional 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be reviewed? Date: / / I understand the reason for this Development Action Plan which has been discussed and agreed with the Paramedic Educator and I understand I am responsible for informing my EEAST and university course tutors. Student Signature: Date: / /	<u> </u>				
1. 2. 3. 4. Additional Comments - When/Will: When will this plan be reviewed? I understand the reason for this Development Action Plan which has been discussed and agreed with the Paramedic Educator and I understand I am responsible for informing my EEAST and university course tutors. Student Signature: Date: / /	•		`	,	
2. 3. 4. Additional Comments - When/Will: When will this plan be reviewed? I understand the reason for this Development Action Plan which has been discussed and agreed with the Paramedic Educator and I understand I am responsible for informing my EEAST and university course tutors. Student Signature: Date: / /		l	Personal and Profes	ssional <u></u>	
3. 4. Additional Comments - When/Will: When will this plan be reviewed? I understand the reason for this Development Action Plan which has been discussed and agreed with the Paramedic Educator and I understand I am responsible for informing my EEAST and university course tutors. Student Signature: Date: / /					
Additional Comments - When/Will: When will this plan be reviewed? Date: / / I understand the reason for this Development Action Plan which has been discussed and agreed with the Paramedic Educator and I understand I am responsible for informing my EEAST and university course tutors. Student Signature: Date: / /					
Additional Comments - When/Will: When will this plan be reviewed? I understand the reason for this Development Action Plan which has been discussed and agreed with the Paramedic Educator and I understand I am responsible for informing my EEAST and university course tutors. Student Signature: Date: / /	3.				
When/Will: When will this plan be reviewed? I understand the reason for this Development Action Plan which has been discussed and agreed with the Paramedic Educator and I understand I am responsible for informing my EEAST and university course tutors. Student Signature: Date: / /	4.				
I understand the reason for this Development Action Plan which has been discussed and agreed with the Paramedic Educator and I understand I am responsible for informing my EEAST and university course tutors. Student Signature: Date: / /	Additional Comments -				
I understand the reason for this Development Action Plan which has been discussed and agreed with the Paramedic Educator and I understand I am responsible for informing my EEAST and university course tutors. Student Signature: Date: / /					
I understand the reason for this Development Action Plan which has been discussed and agreed with the Paramedic Educator and I understand I am responsible for informing my EEAST and university course tutors. Student Signature: Date: / /					
agreed with the Paramedic Educator and I understand I am responsible for informing my EEAST and university course tutors. Student Signature: Date: / /	When/Will: When will this plan be	reviewed?	Date:	1	/
agreed with the Paramedic Educator and I understand I am responsible for informing my EEAST and university course tutors. Student Signature: Date: / /	I understand the reason for this D	evelopment Ad	ction Plan which has b	peen disc	ussed and
EEAST and university course tutors. Student Signature: Date: / /		•			
	_				
A copy of this has been sent to the Link Lecturer/Course Leader	Student Signature:		Date:	/	/
A copy of this has been sent to the Link Lecture/Course Leader	A copy of this has been sent to the Link Lecturer/Course Leader				
Paramedic Educator (PEd) Name PEd Signature:	Paramedic Educator (PEd) Name		PEd Si	gnature:	
	,			_	

Reality: What are the issues/problems? (Tick rel	evant boxes)	
Knowledge Practical	Personal and Professional	
Options: How can the student achieve their goal	s? (Tick relevant boxes)	
Knowledge Practical	Personal and Professional	
1.		
2.		
3.		
4.		
Additional Comments -		
When/Will: When will this plan be reviewed?	Date: / /	
I understand the reason for this Development Ad	ction Plan which has been discussed and	
agreed with the Paramedic Educator and I unde	rstand I am responsible for informing my	
EEAST and university course tutors.		
Student Signature:	Date: / /	
A copy of this has been sent to the Link Lecture	r/Course Leader	
Paramedic Educator (PEd) Name	PEd Signature:	
Reality: What are the issues/problems? (Tick rel	evant boxes)	
Knowledge Practical	Personal and Professional	
Options: How can the student achieve their goal		
Knowledge Practical	Personal and Professional	
1. 2.		
3.		
4.		
Additional Comments -		
When/Will: When will this plan be reviewed?	Date: / /	
I understand the reason for this Development Ad	ction Plan which has been discussed and	
agreed with the Paramedic Educator and I unde	rstand I am responsible for informing my	
EEAST and university course tutors.	Doto: / /	
Student Signature:	Date: / /	
A copy of this has been sent to the Link Lecture		
Paramedic Educator (PEd) Name	PEd Signature:	

	PRFs/ePRFs and other patient documentation, including and capacity forms must be completed clearly and accurately mance indicators and other current guidance. This includes NHS
•	ngs and Trust advice papers Minimum standard = Independent
Formative	
Assessed level: Student	
Assessed level: PEd	
Date	
PEd Name	
PEd Sign	
Formative	
Assessed level: Student	
Assessed level: PEd	
Date	
PEd Name	
PEd Sign	
Summative	
Assessed level: Student	
Assessed level: PEd	
Date	
PEd Name	
PEd Sign	
_	
Reality: What are the issues/pro	oblems? (Tick relevant boxes)
Reality: What are the issues/pro	,
Knowledge Practi	cal Personal and Professional
Knowledge Practi Options: How can the student a	cal Personal and Professional Chieve their goals? (Tick relevant boxes)
Knowledge Practi Options: How can the student a Knowledge Practi	cal Personal and Professional Chieve their goals? (Tick relevant boxes)
Knowledge Practi Options: How can the student a Knowledge Practi 1.	cal Personal and Professional Chieve their goals? (Tick relevant boxes)
Knowledge Practi Options: How can the student a Knowledge Practi 1. 2.	cal Personal and Professional Chieve their goals? (Tick relevant boxes)
Knowledge Practi Options: How can the student a Knowledge Practi 1. 2. 3.	cal Personal and Professional Chieve their goals? (Tick relevant boxes)
Knowledge Practi Options: How can the student a Knowledge Practi 1. 2. 3. 4.	cal Personal and Professional Chieve their goals? (Tick relevant boxes)
Knowledge Practi Options: How can the student a Knowledge Practi 1. 2. 3.	cal Personal and Professional Chieve their goals? (Tick relevant boxes)
Knowledge Practi Options: How can the student a Knowledge Practi 1. 2. 3. 4.	cal Personal and Professional Chieve their goals? (Tick relevant boxes)
Knowledge Practi Options: How can the student a Knowledge Practi 1. 2. 3. 4. Additional Comments -	cal Personal and Professional Chieve their goals? (Tick relevant boxes) cal Personal and Professional Chieve their goals?
Knowledge Practi Options: How can the student a Knowledge Practi 1. 2. 3. 4.	cal Personal and Professional Chieve their goals? (Tick relevant boxes) cal Personal and Professional Chieve their goals? (Tick relevant boxes) cal Personal and Professional Chieve their goals? (Tick relevant boxes)
Knowledge Practi Options: How can the student a Knowledge Practi 1. 2. 3. 4. Additional Comments -	cal Personal and Professional Chieve their goals? (Tick relevant boxes) cal Personal and Professional Personal and Professional Chieve their goals? (Tick relevant boxes) cal Personal and Professional Chieve their goals? (Tick relevant boxes) cal Personal and Professional Chieve their goals? (Tick relevant boxes) cal Personal and Professional Chieve their goals? (Tick relevant boxes) cal Personal and Professional Chieve their goals? (Tick relevant boxes) cal Personal and Professional Chieve their goals? (Tick relevant boxes) cal Personal and Professional Chieve their goals? (Tick relevant boxes)
Coptions: How can the student at Knowledge Practions. 1. 2. 3. 4. Additional Comments - When/Will: When will this plan by I understand the reason for this	chieve their goals? (Tick relevant boxes) cal Personal and Professional Personal and Professional Development Action Plan which has been discussed and
Coptions: How can the student a Knowledge Practi 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be a greed with the Paramedic Edu	cal Personal and Professional chieve their goals? (Tick relevant boxes) Personal and Professional Personal Personal and Professional Personal and Professional Personal Personal Action
Options: How can the student at Knowledge Practions: How can the student at Knowledge Practions: 1. 2. 3. 4. Additional Comments - When/Will: When will this plan to be a greed with the Paramedic Edu EEAST and university course to be a student at the studen	cal Personal and Professional chieve their goals? (Tick relevant boxes) Personal and Professional Personal Personal and Professional Personal And Professional Personal Personal And Professional Personal Personal Personal Personal And Professional Personal Pers
Coptions: How can the student a Knowledge Praction 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be a greed with the Paramedic Education in the student and the reason for this agreed with the Paramedic Education in the student and	cal Personal and Professional chieve their goals? (Tick relevant boxes) Personal and Professional Personal Personal and Professional Personal and Professional Personal Personal Action
Options: How can the student a Knowledge Practi 1. 2. 3. 4. Additional Comments - When/Will: When will this plan to a greed with the Paramedic Edu EEAST and university course to Student Signature:	cal Personal and Professional chieve their goals? (Tick relevant boxes) Personal and Professional Personal Personal and Professional Personal And Professional Personal Personal And Professional Personal Personal Personal Personal And Professional Personal Pers

vulnerable. This may not to be limited to	nts must appropriately identify and manage patients who are reporting but includes enquiry into and review of an individual's on wheels or other specialist social or medical services. This may	
	d children who are at risk in their current living environment	
Minimum standard = Independent		
Formative		
Assessed level: Student		
Assessed level: PEd		
Date		
PEd Name		
PEd Sign		
Formative		
Assessed level: Student		
Assessed level: PEd		
Date		
PEd Name		
PEd Sign		
Summative		
Assessed level: Student		
Assessed level: PEd		
Date		
PEd Name		
PEd Sign		
	^ /T'	_
Reality: What are the issues/probl	, , , , , , , , , , , , , , , , , , ,	
Knowledge Practica	Personal and Professional	
Knowledge Practica Options: How can the student ach	Personal and Professional ieve their goals? (Tick relevant boxes)	
Knowledge Practica Options: How can the student ach Knowledge Practica	Personal and Professional ieve their goals? (Tick relevant boxes)	
Knowledge Practica Options: How can the student ach Knowledge Practica 1.	Personal and Professional ieve their goals? (Tick relevant boxes)	
Knowledge Practica Options: How can the student ach Knowledge Practica	Personal and Professional ieve their goals? (Tick relevant boxes)	
Knowledge Practica Options: How can the student ach Knowledge Practica 1.	Personal and Professional ieve their goals? (Tick relevant boxes)	
Knowledge Practica Options: How can the student ach Knowledge Practica 1. 2.	Personal and Professional ieve their goals? (Tick relevant boxes)	
Knowledge Practica Options: How can the student ach Knowledge Practica 1. 2. 3.	Personal and Professional ieve their goals? (Tick relevant boxes)	
Coptions: How can the student ach Knowledge Practical 1. 2. 3. 4.	Personal and Professional ieve their goals? (Tick relevant boxes)	
Coptions: How can the student ach Knowledge Practical 1. 2. 3. 4.	Personal and Professional ieve their goals? (Tick relevant boxes)	
Coptions: How can the student ach Knowledge Practica 1. 2. 3. 4. Additional Comments -	Personal and Professional ieve their goals? (Tick relevant boxes) I Personal and Professional	
Coptions: How can the student ach Knowledge Practical 1. 2. 3. 4.	Personal and Professional ieve their goals? (Tick relevant boxes) I Personal and Professional	
Coptions: How can the student ach Knowledge Practical 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be I understand the reason for this Desired.	Personal and Professional ieve their goals? (Tick relevant boxes) Personal and Professional reviewed? Date: / / evelopment Action Plan which has been discussed and	
Options: How can the student ach Knowledge Practica 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be agreed with the Paramedic Education and the reason for this Days agreed with the Paramedic Education and the reason for this Days agreed with the Paramedic Education and the reason for this Days agreed with the Paramedic Education and the reason for this Days agreed with the Paramedic Education and the reason for this Days agreed with the Paramedic Education and the reason for this Days agreed with the Paramedic Education and the reason for this Days agreed with the Paramedic Education and the reason for this Days agreed with the Paramedic Education and the reason for this Days agreed with the Paramedic Education and the reason for this Days agreed with the Paramedic Education and the reason for this Days agreed with the Paramedic Education and the reason for this Days agreed with the Paramedic Education and the reason for this Days agreed with the Paramedic Education and the reason for this Days agreed with the Paramedic Education and the reason for this Days agreed with the Paramedic Education and the reason for this Days agreed with the Paramedic Education and the reason for this Days agreed with the Paramedic Education and the reason for	Personal and Professional ieve their goals? (Tick relevant boxes) I Personal and Professional reviewed? Date: / / evelopment Action Plan which has been discussed and tor and I understand I am responsible for informing my	
Coptions: How can the student ach Knowledge Practical 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be I understand the reason for this Desired.	Personal and Professional ieve their goals? (Tick relevant boxes) I Personal and Professional reviewed? Date: / / evelopment Action Plan which has been discussed and tor and I understand I am responsible for informing my	
Options: How can the student ach Knowledge Practica 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be agreed with the Paramedic Education and the reason for this Days agreed with the Paramedic Education and the reason for this Days agreed with the Paramedic Education and the reason for this Days agreed with the Paramedic Education and the reason for this Days agreed with the Paramedic Education and the reason for this Days agreed with the Paramedic Education and the reason for this Days agreed with the Paramedic Education and the reason for this Days agreed with the Paramedic Education and the reason for this Days agreed with the Paramedic Education and the reason for this Days agreed with the Paramedic Education and the reason for this Days agreed with the Paramedic Education and the reason for this Days agreed with the Paramedic Education and the reason for this Days agreed with the Paramedic Education and the reason for this Days agreed with the Paramedic Education and the reason for this Days agreed with the Paramedic Education and the reason for this Days agreed with the Paramedic Education and the reason for this Days agreed with the Paramedic Education and the reason for this Days agreed with the Paramedic Education and the reason for	Personal and Professional ieve their goals? (Tick relevant boxes) I Personal and Professional reviewed? Date: / / evelopment Action Plan which has been discussed and tor and I understand I am responsible for informing my	
Options: How can the student ach Knowledge Practica 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be agreed with the Paramedic Educa EEAST and university course tuto Student Signature:	Personal and Professional ieve their goals? (Tick relevant boxes) Personal and Professional reviewed? Date: / / evelopment Action Plan which has been discussed and tor and I understand I am responsible for informing my rs. Date: / /	
Options: How can the student ach Knowledge Practica 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be I understand the reason for this Dagreed with the Paramedic Educate EEAST and university course tuto	Personal and Professional ieve their goals? (Tick relevant boxes) Personal and Professional reviewed? Date: / / evelopment Action Plan which has been discussed and tor and I understand I am responsible for informing my rs. Date: / /	

Reality: What a	<u>re</u> the issues/problem <u>s?</u>	्र(Tick relevant boxes)	_	_
Knowledge	Practical	Personal and P	rofessional	
Options: How c	an the student achieve t	their goals? (Tick relevant	boxes)	_
Knowledge	Practical	Personal and P	rofessional	
1.				
2.				
3.				
4.				
Additional Com	ments -			
When/Will: Whe	en will this plan be revie	wed? Date:	/	/
I understand the	e reason for this Develo	pment Action Plan which h	nas been disc	ussed and
agreed with the	Paramedic Educator ar	nd I understand I am respo	onsible for info	orming my
	versity course tutors.			
Student Signatu	ıre:	Date:	/	/
A copy of this h	as been sent to the Link	k Lecturer/Course Leader		
Paramedic Edu	cator (PEd) Name	PE	d Signature:	
Daglity What a	vo the icourse/ovehlesse	(Tiple relevant hoves)		
Knowledge	re the issues/problems? Practical	Personal and P	rofossional	\neg
		their goals? (Tick relevant		
Knowledge	Practical	Personal and P		
1.	1 Tactical		Tolessional [
2.				
3.				
4.				
Additional Com	ments -			
\\/han/\\/ill:\\/ha	on will this plan he revie	wed? Date:		
	en will this plan be revie		/	/
		pment Action Plan which h		
		nd I understand I am respo	onsible for info	orming my
	versity course tutors.		,	,
Student Signatu	ıre:	Date:		/
A copy of this h	as been sent to the Linl	k Lecturer/Course Leader		
	cator (PEd) Name		d Signature:	
	•			

demonstrate how to undertake all bat mean in relation to the patient's pressonsider normal parameters these we pressure, blood sugar readings, A capillary-refill, peak expiratory flow	rpreting observations (adults): The student must se line observations showing an understanding of what they enting symptoms (and disease and illness processes). They will ill include but not limited to; respiratory rate, pulse rate, blood VPU, GCS, temperature, pain score, pupil-response, w (list not exhaustive) Minimum standard = Independent
Formative	
Assessed level: Student	
Assessed level: PEd	
Date	
PEd Name	
PEd Sign	
Formative	
Assessed level: Student	
Assessed level: PEd	
Date	
PEd Name	
PEd Sign	
Summative	
Assessed level: Student	
Assessed level: PEd	
Date	
PEd Name	
PEd Sign	
Reality: What are the issues/probl	ems? (Tick relevant boxes)
Reality: What are the issues/probl Knowledge Practica	
Knowledge Practica	
Knowledge Practica	Personal and Professional ieve their goals? (Tick relevant boxes)
Knowledge Practica Options: How can the student ach	Personal and Professional ieve their goals? (Tick relevant boxes)
Knowledge Practica Options: How can the student ach Knowledge Practica	Personal and Professional ieve their goals? (Tick relevant boxes)
Knowledge Practica Options: How can the student ach Knowledge Practica 1.	Personal and Professional ieve their goals? (Tick relevant boxes)
Knowledge Practica Options: How can the student ach Knowledge Practica 1. 2.	Personal and Professional ieve their goals? (Tick relevant boxes)
Knowledge Practica Options: How can the student ach Knowledge Practica 1. 2. 3.	Personal and Professional ieve their goals? (Tick relevant boxes)
Knowledge Practica Options: How can the student ach Knowledge Practica 1. 2. 3. 4.	Personal and Professional ieve their goals? (Tick relevant boxes)
Knowledge Practica Options: How can the student ach Knowledge Practica 1. 2. 3. 4.	Personal and Professional ieve their goals? (Tick relevant boxes)
Coptions: How can the student ach Knowledge Practica 1. 2. 3. 4. Additional Comments -	Personal and Professional ieve their goals? (Tick relevant boxes) Personal and Professional
Knowledge Practica Options: How can the student ach Knowledge Practica 1. 2. 3. 4.	Personal and Professional ieve their goals? (Tick relevant boxes) Personal and Professional
Knowledge Practica Options: How can the student ach Knowledge Practica 1. 2. 3. 4. Additional Comments -	Personal and Professional ieve their goals? (Tick relevant boxes) Personal and Professional
Knowledge Practica Options: How can the student ach Knowledge Practica 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be I understand the reason for this De	Personal and Professional ieve their goals? (Tick relevant boxes) I Personal and Professional reviewed? Date: / /
Knowledge Practica Options: How can the student ach Knowledge Practica 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be I understand the reason for this De	Personal and Professional ieve their goals? (Tick relevant boxes) I Personal and Professional reviewed? Date: / / evelopment Action Plan which has been discussed and tor and I understand I am responsible for informing my
Options: How can the student ach Knowledge Practica 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be agreed with the Paramedic Educa	Personal and Professional ieve their goals? (Tick relevant boxes) I Personal and Professional reviewed? Date: / / evelopment Action Plan which has been discussed and tor and I understand I am responsible for informing my
Options: How can the student ach Knowledge Practica 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be agreed with the Paramedic Educa EEAST and university course tuto Student Signature:	Personal and Professional ieve their goals? (Tick relevant boxes) I Personal and Professional reviewed? Date: / / evelopment Action Plan which has been discussed and tor and I understand I am responsible for informing my rs. Date: / /
Coptions: How can the student ach Knowledge Practica 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be I understand the reason for this Deagreed with the Paramedic Educate EEAST and university course tuto	Personal and Professional ieve their goals? (Tick relevant boxes) I Personal and Professional reviewed? Date: / / evelopment Action Plan which has been discussed and tor and I understand I am responsible for informing my rs. Date: / /

Reality: What ar	e the issues/problems	? (Tick relevant	boxes)		
Knowledge	Practical	Pers	sonal and Profes	sional	
Options: How ca	an the student achieve	their goals? (T	ck relevant boxe	es)	
Knowledge	Practical	Pers	sonal and Profes	sional	
1.					
2.					
3.					
4.					
Additional Comr	nents -				
When/Will: Whe	n will this plan be revie	ewed?	Date:	/	/
I understand the	reason for this Develo	opment Action I	Plan which has b	een discus	ssed and
agreed with the	Paramedic Educator a	and I understand	d I am responsib	le for infori	ming my
EEAST and univ	ersity course tutors.				
Student Signatu	re:		Date:	/	/
A copy of this ha	as been sent to the Lin	k Lecturer/Cou	se Leader		
	cator (PEd) Name			gnature:	
T drained Edd	Tator (r Ea) Harrio		1 24 01	griaturo.	
Dealth w M/h at an		O /T:-!!	L\		
-	e the issues/problems	•			7
Knowledge	Practical		sonal and Profes		
Knowledge	n the student achieve Practical		ck relevant boxe sonal and Profes		
1.		Felt	Soliai aliu Pioles	SSIONAI	
2.					
3.					
4.					
Additional Comr	ments -				
Additional Comi					
20/11/20/11/20/11					
	n will this plan be revie		Date:		/
	reason for this Develo	•			
	Paramedic Educator a	and I understand	d I am responsib	le for infor	ming my
	ersity course tutors.				
Student Signatu	re:		Date:	/	1
A copy of this ha	as been sent to the Lin	k Lecturer/Cou	rse Leader		
	cator (PEd) Name			gnature:	
	· · · ·				

14. Monitoring, recording and inte demonstrate how to undertake all ba mean in relation to the patient's pres consider normal parameters and will pressure, blood sugar readings, A capillary-refill, peak expiratory flow	se line observation observation observation observation observations include but not li VPU, GCS, temp	ons showing an unders (and disease and illne mited to; respiratory i perature, pain score,	standing of vess processerate, pulse r pupil-respo	what they es). They will rate, blood onse,
Formative		,	•	
Assessed level: Student				
Assessed level: PEd				
Date				
PEd Name				
PEd Sign				
Formative				
Assessed level: Student				
Assessed level: PEd				
Date				
PEd Name				
PEd Sign				
Summative				
Assessed level: Student				
Assessed level: PEd				
Date				
PEd Name				
PEd Sign				
Reality: What are the issues/probl	,	•	–	٦
Knowledge Practica		Personal and Profes		
Options: How can the student ach		`	,	٦
Knowledge Practica		Personal and Profes	ssional	
1.				
2.				
3.				
4.				
Additional Comments -				
When/Will: When will this plan be	reviewed?	Date:	/	1
I understand the reason for this De	evelopment Act	ion Plan which has b	een discus	sed and
agreed with the Paramedic Educa	tor and I unders	stand I am responsib	le for inforn	ning my
EEAST and university course tuto	rs.			
Student Signature:		D :	1	1
Student Signature.		Date:	/	'
	e Link Lecturer/			
A copy of this has been sent to the Paramedic Educator (PEd) Name	e Link Lecturer/	Course Leader	gnature:	,

Reality: What ar	<u>e</u> the issues/problem <u>s?</u>	(Tick relevant boxes)		
Knowledge	Practical	Personal and F	Professional	
Options: How ca	an the student achieve t	heir goals? (Tick relevant	t boxes)	
Knowledge	Practical	Personal and F	Professional	
1.				
2.				
3.				
4.				
Additional Comr	nents -			
When/Will: Whe	n will this plan be revie	wed? Date	: /	/
		pment Action Plan which		
		nd I understand I am resp	onsible for inf	forming my
	versity course tutors.			
Student Signatu	re:	Date	: /	/
A copy of this ha	as been sent to the Link	Lecturer/Course Leader		
Paramedic Educ	cator (PEd) Name	P	Ed Signature:	
=	e the issues/problems?	(Tick relevant boxes)		
Knowledge	Practical	Personal and F		
		heir goals? (Tick relevant		
Knowledge	Practical	Personal and F	Professional	
1.				
2.				
3.				
4.	manta			
Additional Comr	nents -			
When/Will: Whe	n will this plan be review	wed? Date	: /	/
	'	pment Action Plan which		
		nd I understand I am resp	onsible for inf	forming my
	versity course tutors.		<u> </u>	<u> </u>
Student Signatu	re:	Date	: /	/
A copy of this ha	as been sent to the Link	Lecturer/Course Leader		
	cator (PEd) Name		Ed Signature:	
	, , , , , , , , , , , , , , , , , , , ,		9	

anatomical landr	marks for ECG dot place	r gaining consent the student v cement. They will demonstrate both 4 and 12 lead ECG's N	e how to use lo	cal trust
Form				
Assessed level: St	udent			
Assessed level: Pl	Ed			
Date				
PEd Name				
PEd Sign				
Form				
Assessed level: St	tudent			
Assessed level: Pl	Ed			
Date				
PEd Name				
PEd Sign				
Summ	native			
Assessed level: St	udent			
Assessed level: Pl	Ed			
Date				
PEd Name				
PEd Sign				
•				
Reality: What are	· ·	? (Tick relevant boxes)		7
Reality: What are Knowledge	Practical	Personal and Pro	_	
Reality: What are Knowledge Options: How ca	Practical n the student achieve	Personal and Protheir goals? (Tick relevant b	oxes)	
Reality: What are Knowledge Options: How ca Knowledge	Practical	Personal and Pro	oxes)	
Reality: What are Knowledge Options: How ca Knowledge 1.	Practical n the student achieve	Personal and Protheir goals? (Tick relevant b	oxes)	
Reality: What are Knowledge Options: How ca Knowledge 1. 2.	Practical n the student achieve	Personal and Protheir goals? (Tick relevant b	oxes)	
Reality: What are Knowledge Options: How ca Knowledge 1.	Practical n the student achieve	Personal and Protheir goals? (Tick relevant b	oxes)	
Reality: What are Knowledge Options: How ca Knowledge 1. 2. 3. 4.	Practical n the student achieve Practical	Personal and Protheir goals? (Tick relevant b	oxes)	
Reality: What are Knowledge Options: How ca Knowledge 1. 2. 3.	Practical n the student achieve Practical	Personal and Protheir goals? (Tick relevant b	oxes)	
Reality: What are Knowledge Options: How ca Knowledge 1. 2. 3. 4.	Practical n the student achieve Practical	Personal and Protheir goals? (Tick relevant b	oxes)	
Reality: What are Knowledge Options: How ca Knowledge 1. 2. 3. 4. Additional Comm	Practical n the student achieve Practical	Personal and Protheir goals? (Tick relevant because Personal and Pro	oxes)	
Reality: What are Knowledge Options: How ca Knowledge 1. 2. 3. 4. Additional Comm	Practical n the student achieve Practical nents -	Personal and Protheir goals? (Tick relevant because Personal and Pro	ooxes) ofessional	/ ssed and
Reality: What are Knowledge Options: How ca Knowledge 1. 2. 3. 4. Additional Comm When/Will: When	Practical n the student achieve Practical nents - n will this plan be reviewed reason for this Development	Personal and Protheir goals? (Tick relevant because Personal and Prothee	ooxes) ofessional / as been discu	
Reality: What are Knowledge Options: How ca Knowledge 1. 2. 3. 4. Additional Comm When/Will: When I understand the agreed with the Reality in the Interval of the Additional Community in the Interval of the	Practical n the student achieve Practical nents - n will this plan be reviewed reason for this Development	Personal and Protection Personal and Protection Personal and Protection Plan which has been sometimed by the personal and Protection Plan which	ooxes) ofessional / as been discu	
Reality: What are Knowledge Options: How ca Knowledge 1. 2. 3. 4. Additional Comm When/Will: When I understand the agreed with the Reality in the Interval of the Additional Community in the Interval of the	Practical n the student achieve Practical nents - nents - reason for this Developeramedic Educator action action action.	Personal and Protection Personal and Protection Personal and Protection Plan which has been sometimed by the personal and Protection Plan which	ooxes) ofessional / as been discu	
Reality: What are Knowledge Options: How ca Knowledge 1. 2. 3. 4. Additional Comm When/Will: When I understand the agreed with the FEAST and univeness to the student Signature.	Practical n the student achieve Practical nents - nents - reason for this Developaramedic Educator activity course tutors.	Personal and Protect their goals? (Tick relevant be Personal and Protection) Pewed? Date: Depment Action Plan which had I understand I am response.	ooxes) ofessional / as been discu	
Reality: What are Knowledge Options: How ca Knowledge 1. 2. 3. 4. Additional Comm When/Will: When I understand the agreed with the FEAST and univeness of the Student Signature A copy of this ha	Practical n the student achieve Practical nents - nents - reason for this Developaramedic Educator activity course tutors.	Personal and Protheir goals? (Tick relevant because Personal and Protheir goals?) Personal and Protheir goals? Date: Date: k Lecturer/Course Leader	ooxes) ofessional / as been discu	

Reality: What a	are the issues/problem <u>s</u>	? (Tick relevant box	(es)	_	_
Knowledge	Practical	Persona	al and Profe	essional	
Options: How	can the student achieve	their goals? (Tick r	elevant box	(es)	_
Knowledge	Practical	Persona	al and Profe	ssional	
1.					
2.					
3.					
4.					
Additional Con	nments -				
When/Will: Wh	en will this plan be revie	wed?	Date:	1	
VVIICII, VVIII. VVII	cii wiii tiilo piaii be ievie	, wou:	Date.	,	,
I understand th	e reason for this Develo	opment Action Plan	which has	been discu	ssed and
agreed with the	e Paramedic Educator a	nd I understand I a	m responsi	ble for infor	ming my
EEAST and un	iversity course tutors.				
Student Signat	ure:		Date:	/	/
	nas been sent to the Lin	k Lecturer/Course I			
Paramedic Edu	ucator (PEd) Name		PEd S	signature:	
Reality: What	are the issues/problems	? (Tick relevant box	(es)	_	_
Knowledge	Practical		al and Profe	ssional	
	can the student achieve	<u>their goals? (Tick r</u>	elevant box	(es)	
Knowledge	Practical		al and Profe		
1.					
2.					
3.					
4.					
Additional Con	nments -				
\\/han\\\/ill\\\/h	on will this plan he revis	wad?	Doto	1	
vvrien/vviii. vvri	en will this plan be revie	eweu?	Date:	/	/
Lunderstand th	e reason for this Develo	opment Action Plan	which has	been discu	ssed and
		•			
0.5.000	e Paramedic Educator a	ind I understand I a	m responsi	ble for infor	mina mv
EEAST and un	e Paramedic Educator a iversity course tutors.	ind I understand I a	m responsi	ble for infor	ming my
	iversity course tutors.	and I understand I a	•	bie for infor	/
Student Signat	iversity course tutors.	nd I understand I a	m responsil Date:	/	/
Student Signat	iversity course tutors.		Date:	/	/ /

	n and analysis and may S including STEMI, arı	istudent will adopt a systematic approach to identify a range of life threatening cardiac description in the system of the state of the	isturbances i.e.
Forma	ative		
Assessed level: Stu	udent		
Assessed level: PE	id		
Date			
PEd Name			
PEd Sign			
Forma	ative		
Assessed level: Stu	udent		
Assessed level: PE	id		
Date			
PEd Name			
PEd Sign			
Summ	ative		
Assessed level: Stu			
Assessed level: PE			
Date			
PEd Name			
PEd Sign			
PEd Sign			
		? (Tick relevant boxes)	
		? (Tick relevant boxes) Personal and Professional	
Reality: What are Knowledge	the issues/problems	,	
Reality: What are Knowledge	the issues/problems	Personal and Professional	
Reality: What are Knowledge Options: How car	the issues/problems Practical n the student achieve	Personal and Professional their goals? (Tick relevant boxes)	
Reality: What are Knowledge Options: How car Knowledge	the issues/problems Practical n the student achieve	Personal and Professional their goals? (Tick relevant boxes)	
Reality: What are Knowledge Options: How car Knowledge 1.	the issues/problems Practical n the student achieve	Personal and Professional their goals? (Tick relevant boxes)	
Reality: What are Knowledge Options: How car Knowledge 1. 2.	the issues/problems Practical n the student achieve	Personal and Professional their goals? (Tick relevant boxes)	
Reality: What are Knowledge Options: How car Knowledge 1. 2. 3.	e the issues/problems Practical n the student achieve Practical	Personal and Professional their goals? (Tick relevant boxes)	
Reality: What are Knowledge Options: How car Knowledge 1. 2. 3. 4.	e the issues/problems Practical n the student achieve Practical	Personal and Professional their goals? (Tick relevant boxes)	
Reality: What are Knowledge Options: How car Knowledge 1. 2. 3. 4.	e the issues/problems Practical n the student achieve Practical	Personal and Professional their goals? (Tick relevant boxes)	
Reality: What are Knowledge Options: How car Knowledge 1. 2. 3. 4. Additional Comm	e the issues/problems Practical n the student achieve Practical	Personal and Professional their goals? (Tick relevant boxes) Personal and Professional	
Reality: What are Knowledge Options: How car Knowledge 1. 2. 3. 4. Additional Comm	e the issues/problems Practical n the student achieve Practical ents -	Personal and Professional their goals? (Tick relevant boxes) Personal and Professional	/ eussed and
Reality: What are Knowledge Options: How car Knowledge 1. 2. 3. 4. Additional Comm When/Will: When	e the issues/problems Practical n the student achieve Practical ents - will this plan be revieue	Personal and Professional their goals? (Tick relevant boxes) Personal and Professional ewed? Date: /	
Reality: What are Knowledge Options: How car Knowledge 1. 2. 3. 4. Additional Comm When/Will: When I understand the lagreed with the P	e the issues/problems Practical n the student achieve Practical ents - will this plan be revieue	Personal and Professional their goals? (Tick relevant boxes) Personal and Professional ewed? Date: / ppment Action Plan which has been disc	
Reality: What are Knowledge Options: How car Knowledge 1. 2. 3. 4. Additional Comm When/Will: When I understand the lagreed with the P	e the issues/problems Practical In the student achieve Practical ents - will this plan be review reason for this Develor ersity course tutors.	Personal and Professional their goals? (Tick relevant boxes) Personal and Professional ewed? Date: / ppment Action Plan which has been disc	
Reality: What are Knowledge Options: How car Knowledge 1. 2. 3. 4. Additional Comm When/Will: When I understand the lagreed with the PEEAST and university Student Signature	e the issues/problems Practical The student achieve Practical ents - will this plan be review reason for this Developaramedic Educator active active to the student achieve. The student achieve active ac	Personal and Professional their goals? (Tick relevant boxes) Personal and Professional ewed? Date: / ppment Action Plan which has been discurded I understand I am responsible for info	

approaches to obtaining a patient historicomplaint, history of presenting complair (including allergies), family history and so	and children): Students must clearly demonstrate systematic ry using a range of suitable questions. This will include presenting at, previous medical and surgical history, medications history ocial history. The student will adopt OPQRSTA or SOCRATES to ll be used to investigate symptoms relating to specific systems.
Formative	
Assessed level: Student	
Assessed level: PEd	
Date	
PEd Name	
PEd Sign	
Formative	
Assessed level: Student	
Assessed level: PEd	
Date	
PEd Name	
PEd Sign	
Summative	
Assessed level: Student	
Assessed level: PEd	
Date	
PEd Name	
PEd Sign	
	0 (T)
Reality: What are the issues/proble	,
Knowledge Practical	
	ieve their goals? (Tick relevant boxes)
Knowledge Practical	Personal and Professional
1.	
2.	
3.	
4.	
Additional Comments -	
When/Will: When will this plan be	reviewed? Date: / /
I understand the reason for this De	evelopment Action Plan which has been discussed and
agreed with the Paramedic Educa	tor and I understand I am responsible for informing my
EEAST and university course tutor	rs.
Student Signature:	Date: / /
A copy of this has been sent to the	e Link Lecturer/Course Leader
Paramedic Educator (PEd) Name	PEd Signature:

reduity. Write	<u>are</u> the issues/problems	3: (TICK TELEVALIT	DOACS)	_	_
Knowledge	Practical	Pers	onal and Profes	sional	
Options: How	<u>ca</u> n the student achieve	<u>e t</u> heir goals? (Tid	ck relevant boxe	es)	
Knowledge	Practical	Pers	onal and Profes	sional	
1.					
2.					
3.					
4.					
Additional Con	nments -				
\/\hen/\/\ill: \/\h	nen will this plan be rev	iewed?	Date:	1	1
VVIICII/VVIII. VVI	ion will this plan be lev	icwca:	Date.	,	,
I understand th	ne reason for this Deve	lopment Action P	lan which has b	een discu	ssed and
agreed with th	e Paramedic Educator	and I understand	I am responsib	le for infor	ming my
EEAST and ur	niversity course tutors.				
Student Signa	ture:		Date:	/	/
	has been sent to the Li	nk Lecturer/Cour			
Paramedic Ed	ucator (PEd) Name		PEd Sig	gnature:	
Reality: What	are the issues/problems	s? (Tick relevant	boxes)	_	
-	are the issues/problems		boxes) onal and Profes	sional	
Knowledge	Practical	Pers	onal and Profes	_	
Knowledge Options: How	•	Pers e their goals? (Tid	onal and Profes	es)	
Knowledge	Practical can the student achieve	Pers e their goals? (Tid	onal and Profes	es)	
Knowledge Options: How Knowledge	Practical can the student achieve	Pers e their goals? (Tid	onal and Profes	es)	
Knowledge Options: How Knowledge 1.	Practical can the student achieve	Pers e their goals? (Tid	onal and Profes	es)	
Knowledge Options: How Knowledge 1. 2.	Practical can the student achieve	Pers e their goals? (Tid	onal and Profes	es)	
Knowledge Options: How Knowledge 1. 2. 3.	Practical can the student achieve Practical	Pers e their goals? (Tid	onal and Profes	es)	
Knowledge Options: How Knowledge 1. 2. 3. 4.	Practical can the student achieve Practical	Pers e their goals? (Tid	onal and Profes	es)	
Knowledge Options: How Knowledge 1. 2. 3. 4.	Practical can the student achieve Practical	Pers e their goals? (Tid	onal and Profes	es)	
Knowledge Options: How Knowledge 1. 2. 3. 4. Additional Con	Practical can the student achieve Practical nments -	Persetheir goals? (Tide	onal and Profesch relevant boxe onal and Profes	es)	
Knowledge Options: How Knowledge 1. 2. 3. 4. Additional Con	Practical can the student achieve Practical	Persetheir goals? (Tide	onal and Profes	es)	
Knowledge Options: How Knowledge 1. 2. 3. 4. Additional Con	Practical can the student achieve Practical nments -	Persetheir goals? (Tide Persetheir goals?)	onal and Profesch relevant boxe onal and Profesch	es) sional	/ ssed and
Knowledge Options: How Knowledge 1. 2. 3. 4. Additional Con When/Will: Wh	Practical can the student achieve Practical men will this plan be rev ne reason for this Deve	Pers e their goals? (Tide Pers iewed?	onal and Profesch relevant boxe onal and Profesch onal and Profesch Date:	es) sional / een discu	
Knowledge Options: How Knowledge 1. 2. 3. 4. Additional Con When/Will: When/W	Practical can the student achieve Practical nments - nen will this plan be rev ne reason for this Deve e Paramedic Educator	Pers e their goals? (Tide Pers iewed?	onal and Profesch relevant boxe onal and Profesch onal and Profesch Date:	es) sional / een discu	
Knowledge Options: How Knowledge 1. 2. 3. 4. Additional Con When/Will: When/W	Practical can the student achieve Practical nments - nen will this plan be rev ne reason for this Deve e Paramedic Educator niversity course tutors.	Pers e their goals? (Tide Pers iewed?	Date: Ian which has b	es) sional / een discu	
Knowledge Options: How Knowledge 1. 2. 3. 4. Additional Con When/Will: When/W	Practical can the student achieve Practical nments - nen will this plan be rev ne reason for this Deve e Paramedic Educator niversity course tutors.	Pers e their goals? (Tide Pers iewed?	onal and Profesch relevant boxe onal and Profesch onal and Profesch Date:	es) sional / een discu	
Knowledge Options: How Knowledge 1. 2. 3. 4. Additional Con When/Will: Wh I understand th agreed with th EEAST and un Student Signa	Practical can the student achieve Practical nments - nen will this plan be rev ne reason for this Deve e Paramedic Educator niversity course tutors.	e their goals? (Tide Person Pe	Date: Date: Date:	es) sional / een discu	

chronic mental health problems with due language including eye contact. In obtain important and sometimes difficult questions.	ne student will adopt an approach to patients that present with acute or e consideration to behaviour, verbal/non-verbal language and body ining a history clarification of the patient's wishes and intentions are ons will need to be asked in order to provide the best patient care. e followed. Minimum standard = Independent
Formative	
Assessed level: Student	
Assessed level: PEd	
Date	
PEd Name	
PEd Sign	
Formative	
Assessed level: Student	
Assessed level: PEd	
Date	
PEd Name	
PEd Sign	
Summative	
Assessed level: Student	
Assessed level: Student	
Date	
PE LOS	
PEd Sign	
Reality: What are the issues/probl	ems? (Tick relevant hoves)
Knowledge Practica	,
	nieve their goals? (Tick relevant boxes)
Knowledge Practica	
	r etsorial and Floressional
1.	
2.	
3.	
4.	
Additional Comments -	
When/Will: When will this plan be	reviewed? Date: / /
·	reviewed? Date: / / evelopment Action Plan which has been discussed and
I understand the reason for this D	
I understand the reason for this D	evelopment Action Plan which has been discussed and ator and I understand I am responsible for informing my
I understand the reason for this D agreed with the Paramedic Educa	evelopment Action Plan which has been discussed and ator and I understand I am responsible for informing my
I understand the reason for this D agreed with the Paramedic Educa EEAST and university course tuto	evelopment Action Plan which has been discussed and ator and I understand I am responsible for informing my ars.
I understand the reason for this D agreed with the Paramedic Educa EEAST and university course tuto	evelopment Action Plan which has been discussed and ator and I understand I am responsible for informing my brs. Date: / /

Reality: What	are the issues/problems?	(Tick relevant boxes)			
Knowledge	Practical	Personal and Professional			
Options: How	can the student achieve the	heir goals? (Tick relevant boxes)			
Knowledge	Practical	Personal and Professional			
1.					
2.					
3.					
4.					
Additional Co	mments -				
\\/han\\\/ill: \\/	hen will this plan be review	ved? Date: / /			
VVIIGII/VVIII. VV	Herr will triis plair be review	ved: Date. / /			
I understand	the reason for this Develop	oment Action Plan which has been discussed and			
		d I understand I am responsible for informing my			
_	iniversity course tutors.	,			
Student Signa	<u> </u>	Date: / /			
A copy of this	has been sent to the Link	Lecturer/Course Leader			
Paramedic E	ducator (PEd) Name	PEd Signature:			
Reality: What	are the issues/problems?	(Tick relevant boxes)			
Knowledge	Practical	Personal and Professional			
		heir goals? (Tick relevant boxes)			
Knowledge	Practical	Personal and Professional			
1.	i idollodi	T Croonal and Trofessional			
2.					
3.					
4.					
Additional Co	mmonte -				
Additional Co	11111161113 -				
When/Will: W	hen will this plan be review	ved? Date: / /			
Lundaratand	the recent for this Dayslan	amont Astion Dlan which has been discussed and			
	ine reason for inis Develor	oment Action Plan which has been discussed and			
_	•	agreed with the Paramedic Educator and I understand I am responsible for informing my			
	ne Paramedic Educator an	d I understand I am responsible for informing my			
	ne Paramedic Educator and niversity course tutors.				
Student Signa	ne Paramedic Educator and niversity course tutors.	Date: / /			
Student Signa	ne Paramedic Educator and iniversity course tutors. ature:	Date: / /			
Student Signal A copy of this	ne Paramedic Educator and niversity course tutors.	Date: / /			

and be able to identify a time critical systematic manner ensuring scene so patients. Minimum standard = Independent of the standard in the st	l concafety,	dition. Students must be able to assess patient in a global overview and an ABCDE approach for medical at
Formative		
Assessed level: Student		
Assessed level: PEd		
Date		
PEd Name		
PEd Sign		
Formative		
Assessed level: Student		
Assessed level: PEd		
Date		
PEd Name		
PEd Sign		
Summative		
Assessed level: Student		
Assessed level: PEd		
Date		
PEd Name		
PEd Sign		
Reality: What are the issues/proble	ems?	(Tick relevant boxes)
Knowledge Practical		Personal and Professional
Options: How can the student ach		
Knowledge Practical		Personal and Professional
1.		
2.		
3.		
4.		
Additional Comments -		
When/Will: When will this plan be	rovio	wed? Date: / /
When will will this plan be	CVIC	weu: Date. / /
I understand the reason for this De	evelo	pment Action Plan which has been discussed and
agreed with the Paramedic Educa	tor ar	nd I understand I am responsible for informing my
EEAST and university course tutor	s.	
Student Signature:		Date: / /
A copy of this has been sent to the	Link	Lecturer/Course Leader
Paramedic Educator (PEd) Name		PEd Signature:

and be able to identify a time critical systematic manner ensuring scene trauma patients. Minimum standard	al condition. S safety, a globa	Students mus al overview us	st be able	to a assess	patient in a
Formative					
Assessed level: Student					
Assessed level: PEd					
Date					
PEd Name					
PEd Sign					
Formative					
Assessed level: Student					
Assessed level: PEd					
Date					
PEd Name					
PEd Sign					
Summative					
Assessed level: Student					
Assessed level: PEd					
Date					
PEd Name					
PEd Sign					
	L				
Reality: What are the issues/prob	,		•	_	_
Knowledge Practica			and Profe	_	
Options: How can the student ach					_
Knowledge Practica	ıl	Personal	and Profe	essional	
1.					
2.					
3.					
4.					
Additional Comments -					
When/Will: When will this plan be	reviewed?		Date:	/	/
I understand the reason for this D	evelopment A	Action Plan	which has	been discu	ssed and
agreed with the Paramedic Educa	ntor and I und	lerstand I ar	n responsi	ible for infor	ming my
EEAST and university course tuto	rs.				
Student Signature:			Date:	1	/
A copy of this has been sent to th	e Link Lectur	er/Course L	eader		
A copy of this has been sent to the Paramedic Educator (PEd) Name		er/Course L		Signature:	

Reality: What a	<u>ire</u> the issues/problem <u>s′</u>	? (Tick relevant boxes)	-	_
Knowledge	Practical	Personal and P	rofessional	
Options: How o	an the student achieve	their goals? (Tick relevant	boxes)	_
Knowledge	Practical	Personal and P	rofessional	
1.				
2.				
3.				
4.				
Additional Com	ments -			
\/\hen/\/\ill: \/\h	en will this plan be revie	ewed? Date:	/	
VVIICII/VVIII. VVII	en wiii tiiis pian be revie	,wea: Date.	,	,
I understand th	e reason for this Develo	ppment Action Plan which	has been disc	ussed and
agreed with the	Paramedic Educator a	nd I understand I am respond	onsible for info	orming my
EEAST and un	iversity course tutors.			
Student Signat	ure:	Date	: /	/
A (d: 1				
		k Lecturer/Course Leader		
Paramedic Edu	ıcator (PEd) Name	PI	Ed Signature:	
Reality: What a	re the issues/problems	? (Tick relevant boxes)	_	
Knowledge	Practical	Personal and P	rofessional	
Options: How o	an the student achieve	their goals? (Tick relevant	boxes)	
Knowledge	Practical	Personal and P		
1.				
2.				
3.				
4.				
Additional Com	ments -			
\\/hon/\\/ill: \\/h	en will this plan be revie	ewed? Date:		
VVIICII/VVIII. VVII	en will this plan be revie	weu: Dale.	,	/
I understand th	e reason for this Develo	pment Action Plan which	has been disc	ussed and
		nd I understand I am resp		
_	iversity course tutors.	·		3 ,
Student Signat			. /	1
	ure:	Date	. /	/
	ure:	Date	. /	/
A copy of this h		Date k Lecturer/Course Leader	. /	/

	emonstrate the appropriate management of patients ed not be limited to trauma_Minimum standard = Independent
Formative	
Assessed level: Student	
Assessed level: PEd	
Date	
PEd Name	
PEd Sign	
Formative	
Assessed level: Student	
Assessed level: PEd	
Date	
PEd Name	
PEd Sign	
Summative	
Assessed level: Student	
Assessed level: PEd	
Date	
PEd Name	
PEd Sign	
Reality: What are the issues/problems	? (Tick relevant boxes)
Knowledge Practical	Personal and Professional
Options: How can the student achieve	their goals? (Tick relevant boxes)
Knowledge Practical	Personal and Professional
1.	
2.	
3.	
4.	
Additional Comments -	
When/Will: When will this plan be revie	ewed? Date: / /
Wilein Will. Wileir Will this plan be revie	bale. / /
I understand the reason for this Development	opment Action Plan which has been discussed and
agreed with the Paramedic Educator a	and I understand I am responsible for informing my
EEAST and university course tutors.	
Student Signature:	Date: / /
A copy of this has been sent to the Lin	
Paramedic Educator (PEd) Name	PEd Signature:

Reality: What a	re the issues/problems	? (Tick rele	vant boxes)		
Knowledge	Practical		Personal and Profes	sional	
Options: How ca	an the student achieve	their goals	? (Tick relevant boxe	es)	_
Knowledge	Practical		Personal and Profes	sional	
1.					
2.					
3.					
4.					
Additional Com	ments -				
When/Will: Whe	en will this plan be revi	ewed?	Date:	/	/
I understand the	e reason for this Devel	opment Act	ion Plan which has b	een disc	ussed and
agreed with the	Paramedic Educator a	and I under	stand I am responsibl	le for info	orming my
EEAST and unit	versity course tutors.				
Student Signatu	ıre:		Date:	/	/
A copy of this ha	as been sent to the Lir	nk Lecturer/	Course Leader		
Paramedic Edu	cator (PEd) Name		PEd Sig	gnature:	
	,				
Reality: What a	re the issues/problems	? (Tick rele	vant boxes)		
Knowledge	Practical	ì	Personal and Profes	sional	
Options: How ca	an the student achieve	their goals	? (Tick relevant boxe	s)	
Knowledge	Practical		Personal and Profes	sional	
1.					
2.					
3.					
4.					
Additional Com	ments -				
When/Will: Whe	en will this plan be revi	ewed?	Date:	/	/
					·
I understand the	e reason for this Devel	opment Act	ion Plan which has b	een disc	ussed and
agreed with the	Paramedic Educator a	and I under	stand I am responsibl	le for info	orming my
EEAST and uni	versity course tutors.				
Student Signatu	ıre:		Date:	/	1
A copy of this h	as boon sont to the Liv	ak Looturor/	Course Leader		
	as been sent to the Lir	ik Lecturer/		notura	
Faramedic Edu	cator (PEd) Name		PEU SI	gnature:	

manage them. Min	ch to examining the respirat nimum standard = Indepe	ory system for a range of patient conditions and appropriately endent
Forr	mative	
Assessed level:	Student	
Assessed level: I	PEd	
Date		
PEd Name		
PEd Sign		
Forr	mative	
Assessed level:	Student	
Assessed level: I	PEd	
Date		
PEd Name		
PEd Sign		
Sum	mative	
Assessed level:	Student	
Assessed level: I	PEd	
Date		
PEd Name		
PEd Sign		
D 114 1471 4		
Paglity: \//bat a	ro the iccurs/problems	2 (Tick rolovant hoves)
-	re the issues/problems	· ·
Knowledge	Practical	Personal and Professional
Knowledge Options: How c	Practical an the student achieve	Personal and Professional their goals? (Tick relevant boxes)
Contions: How continued the Knowledge	Practical	Personal and Professional
Continuation of the contin	Practical an the student achieve	Personal and Professional their goals? (Tick relevant boxes)
Coptions: How continued the Knowledge of	Practical an the student achieve	Personal and Professional their goals? (Tick relevant boxes)
Contions: How continued the continued to	Practical an the student achieve	Personal and Professional their goals? (Tick relevant boxes)
Coptions: How continued to the continued	Practical an the student achieve Practical	Personal and Professional their goals? (Tick relevant boxes)
Contions: How continued the continued to	Practical an the student achieve Practical	Personal and Professional their goals? (Tick relevant boxes)
Coptions: How continued to the continued	Practical an the student achieve Practical	Personal and Professional their goals? (Tick relevant boxes)
Knowledge Options: How continued to the continued to the continue to the conti	Practical an the student achieve Practical ments -	Personal and Professional their goals? (Tick relevant boxes) Personal and Professional
Knowledge Options: How continued to the continued to the continue to the conti	Practical an the student achieve Practical	Personal and Professional their goals? (Tick relevant boxes) Personal and Professional
Knowledge Options: How of Knowledge 1. 2. 3. 4. Additional Com	Practical an the student achieve Practical ments -	Personal and Professional their goals? (Tick relevant boxes) Personal and Professional
Knowledge Options: How continued the Continued of the Con	Practical an the student achieve Practical ments - en will this plan be reviee e reason for this Develo	Personal and Professional their goals? (Tick relevant boxes) Personal and Professional ewed? Date: / /
Contions: How or Knowledge 1. 2. 3. 4. Additional Com When/Will: When agreed with the agreed with the continuous contin	Practical an the student achieve Practical ments - en will this plan be reviee e reason for this Develo	Personal and Professional their goals? (Tick relevant boxes) Personal and Professional ewed? Date: / / ppment Action Plan which has been discussed and
Contions: How or Knowledge 1. 2. 3. 4. Additional Com When/Will: When agreed with the agreed with the continuous contin	Practical an the student achieve Practical ments - en will this plan be revie e reason for this Develo Paramedic Educator a versity course tutors.	Personal and Professional their goals? (Tick relevant boxes) Personal and Professional ewed? Date: / / ppment Action Plan which has been discussed and
Contions: How continued the Knowledge of	ments - en will this plan be reviered e reason for this Develor Paramedic Educator a versity course tutors.	Personal and Professional their goals? (Tick relevant boxes) Personal and Professional ewed? Date: / / opment Action Plan which has been discussed and and I understand I am responsible for informing my Date: / /
Copy of this h	ments - en will this plan be reviered e reason for this Develor Paramedic Educator a versity course tutors.	Personal and Professional their goals? (Tick relevant boxes) Personal and Professional ewed? Date: / / ppment Action Plan which has been discussed and and I understand I am responsible for informing my

l sign simulation	to examining the cardiovascular system for a range of patient them. Minimum standard = Independent	
Formative		
Assessed level: Student		
Assessed level: PEd		
Date		
PEd Name		
PEd Sign		
Formative		
Assessed level: Student		
Assessed level: PEd		
Date		
PEd Name		
PEd Sign		
Summative		
Assessed level: Student		
Assessed level: PEd		
Date		
PEd Name		
PEd Sign		
Reality: What are the issues/prob	blems? (Tick relevant boxes)	
Knowledge Practical	cal Personal and Professional	
	his a thair and a O (Tish as laws at heaves)	
Options: How can the student ac	chieve their goals? (Tick relevant boxes)	
Options: How can the student ac Knowledge Practical		
Knowledge Practical 1. 2.		
Knowledge Practica 1.		
Knowledge Practical 1. 2. 3. 4.		
Knowledge Practical 1. 2. 3.		
Knowledge Practical 1. 2. 3. 4.		
Knowledge Practical 1. 2. 3. 4.		
Knowledge Practical 1. 2. 3. 4.	Personal and Professional	
1. 2. 3. 4. Additional Comments -	Personal and Professional	nd
1. 2. 3. 4. Additional Comments - When/Will: When will this plan be	e reviewed? Personal and Professional Date: / /	
1. 2. 3. 4. Additional Comments - When/Will: When will this plan be	e reviewed? Date: / / Development Action Plan which has been discussed a cator and I understand I am responsible for informing n	
1. 2. 3. 4. Additional Comments - When/Will: When will this plan be agreed with the Paramedic Education	e reviewed? Date: / / Development Action Plan which has been discussed a cator and I understand I am responsible for informing n	
1. 2. 3. 4. Additional Comments - When/Will: When will this plan be agreed with the Paramedic Educate EEAST and university course tuto	Personal and Professional e reviewed? Date: / / Development Action Plan which has been discussed a cator and I understand I am responsible for informing nators. Date: / /	

Reality: What a	re the issues/problems?	(Tick relevant boxes)
Knowledge	Practical	Personal and Professional
Options: How c	an the student achieve the	heir goals? (Tick relevant boxes)
Knowledge	Practical	Personal and Professional
1.		
2.		
3.		
4.		
Additional Com	ments -	
When/Will: Whe	en will this plan be reviev	ved? Date: / /
	or will also plain be reviet	Jaio: , , , ,
I understand the	e reason for this Develop	oment Action Plan which has been discussed and
agreed with the	Paramedic Educator an	d I understand I am responsible for informing my
EEAST and uni	versity course tutors.	
Student Signatu	ure:	Date: / /
A convert this h	aa baan aant ta tha Link	Looki waw/Cariwaa Loodaw
		Lecturer/Course Leader
Paramedic Edu	cator (PEd) Name	PEd Signature:
Reality: What a	re the issues/problems?	(Tick relevant boxes)
Knowledge	Practical	Personal and Professional
Options: How c	an the student achieve t	heir goals? (Tick relevant boxes)
Knowledge	Practical	Personal and Professional
1.		
2.		
3.		
4.		
Additional Com	ments -	
When/Will: Whe	en will this plan be reviev	ved? Date: / /
	, , , , , , , , , , , , , , , , , , ,	, <u> </u>
I understand the	e reason for this Develop	oment Action Plan which has been discussed and
agreed with the	Paramedic Educator an	d I understand I am responsible for informing my
EEAST and uni	versity course tutors.	
Student Signatu	ure:	Date: / /
		1
. ,		Lecturer/Course Leader
Paramedic Edu		PEd Signature:

22. Nervous System Examination	n and Management - Adults: Students must be able to
demonstrate a systematic approach	h to examining the neurological system (FAST) - Minimum
standard = Independent	
Formative	
Assessed level: Student	
Assessed level: PEd	
Date	
PEd Name	
PEd Sign	
Formative	
Assessed level: Student	
Assessed level: PEd	
Date	
PEd Name.	
PEd Sign	
Summative	
Assessed level: Student	
Assessed level: PEd	
Date	
PEd Name	
PEd Sign	
Reality: What are the issues/proble	em <u>s?</u> (Tick relevant boxes)
Knowledge Practical	Personal and Professional
Options: How can the student achie	ieve their goals? (Tick relevant boxes)
Knowledge Practical	Personal and Professional
1.	
2.	
3.	
4.	
Additional Comments -	
When/Will: When will this plan be r	reviewed? Date: / /
vviidi vviii. vviidi viii and plan be i	bate.
I understand the reason for this De	evelopment Action Plan which has been discussed and
agreed with the Paramedic Educate	tor and I understand I am responsible for informing my
EEAST and university course tutors	rs.
Student Signature:	Date: / /
A copy of this has been sent to the	
Paramedic Educator (PEd) Name	PEd Signature:

rtounty. Triide o	ic the issues/problems:	(Tick relevant boxes)	
Knowledge	Practical	Personal and Profession	al
Options: How o	an the student achieve t	heir goals? (Tick relevant boxes)	
Knowledge	Practical	Personal and Profession	al
1.			
2.			
3.			
4.			
Additional Com	ments -		
When/Will: Wh	en will this plan be reviev	wed? Date: /	1
		Jaio. ,	,
I understand th	e reason for this Develop	oment Action Plan which has been	discussed and
agreed with the	Paramedic Educator an	nd I understand I am responsible fo	r informing my
EEAST and un	versity course tutors.		
Student Signat	ure:	Date: /	/
A convert this h	as been cent to the Link	Lootuwaw/Cauwaa Loodaw	
1 7		Lecturer/Course Leader	
Paramedic Edu	cator (PEd) Name	PEd Signati	ure:
Reality: What a	re the issues/problems?	(Tick relevant boxes)	
IZ.a ala alara	To the leeded/presionie:	1`	
Knowledge _	Practical	Personal and Profession	al
	Practical		al 🗌
	Practical	Personal and Profession	
Options: How o	Practical an the student achieve the	Personal and Profession heir goals? (Tick relevant boxes)	
Options: How of Knowledge	Practical an the student achieve the	Personal and Profession heir goals? (Tick relevant boxes)	
Options: How of Knowledge 1.	Practical an the student achieve the	Personal and Profession heir goals? (Tick relevant boxes)	
Options: How of Knowledge 1. 2.	Practical an the student achieve the	Personal and Profession heir goals? (Tick relevant boxes)	
Options: How of Knowledge 1. 2. 3.	Practical an the student achieve the Practical	Personal and Profession heir goals? (Tick relevant boxes)	
Options: How of Knowledge 1. 2. 3. 4.	Practical an the student achieve the Practical	Personal and Profession heir goals? (Tick relevant boxes)	
Options: How of Knowledge 1. 2. 3. 4.	Practical an the student achieve the Practical	Personal and Profession heir goals? (Tick relevant boxes)	
Options: How of Knowledge 1. 2. 3. 4. Additional Com	Practical an the student achieve the student	Personal and Profession heir goals? (Tick relevant boxes) Personal and Profession	
Options: How of Knowledge 1. 2. 3. 4. Additional Com	Practical an the student achieve the Practical	Personal and Profession heir goals? (Tick relevant boxes) Personal and Profession	
Options: How of Knowledge 1. 2. 3. 4. Additional Com	Practical an the student achieve the Practical ments -	Personal and Profession heir goals? (Tick relevant boxes) Personal and Profession	al/
Options: How of Knowledge 1. 2. 3. 4. Additional Com When/Will: When	Practical an the student achieve the Practical ments - en will this plan be reviewed reason for this Developed.	Personal and Profession heir goals? (Tick relevant boxes) Personal and Profession wed? Date: /	al/ discussed and
Options: How of Knowledge 1. 2. 3. 4. Additional Com When/Will: When I understand the agreed with the	Practical an the student achieve the Practical ments - en will this plan be reviewed reason for this Developed.	Personal and Profession heir goals? (Tick relevant boxes) Personal and Profession wed? Date: oment Action Plan which has been	al/ discussed and
Options: How of Knowledge 1. 2. 3. 4. Additional Com When/Will: When I understand the agreed with the	Practical an the student achieve the Practical ments - en will this plan be reviewed reason for this Develope Paramedic Educator and versity course tutors.	Personal and Profession heir goals? (Tick relevant boxes) Personal and Profession wed? Date: oment Action Plan which has been	al/ discussed and
Options: How of Knowledge 1. 2. 3. 4. Additional Com When/Will: When I understand the agreed with the EEAST and un Student Signation	Practical an the student achieve the Practical ments - en will this plan be reviewed a reason for this Developed Paramedic Educator and versity course tutors. ure:	Personal and Profession heir goals? (Tick relevant boxes) Personal and Profession wed? Date: / ment Action Plan which has been ad I understand I am responsible fo Date: /	al/ discussed and
Options: How of Knowledge 1. 2. 3. 4. Additional Com When/Will: When I understand the agreed with the EEAST and understand understand the Acopy of this head.	Practical an the student achieve the Practical ments - en will this plan be reviewed a reason for this Developed Paramedic Educator and versity course tutors. ure:	Personal and Profession heir goals? (Tick relevant boxes) Personal and Profession wed? Date: ment Action Plan which has been ad I understand I am responsible fo	discussed and r informing my

23: Gastrointestinal and Genitourinar be able to demonstrate a systematic a for a range of patient conditions and ap	approa	ch to examini	ng the gast	rointestin	al and ge	nitourinary s	
	p. op						
Formative							
Assessed level: Student							
Assessed level: PEd							
Date							
PEd Name							
PEd Sign							
Formative							
Assessed level: Student							
Assessed level: PEd							
Date							
PEd Name							
PEd Sign							
Summative							
Assessed level: Student							
Assessed level: PEd							
Date							
PEd Name							
PEd Sign							
Reality: What are the issues/probl	ems?	(Tick releva	nt boxes)				
Knowledge Practica		`	ersonal ar		ssional		
Options: How can the student ach							
Knowledge Practica		_	ersonal ar				
1.							
2.							
3.							
4.							
Additional Comments -							
When/Will: When will this plan be	reviev	wed?	D	ate:	/	/	
·							
I understand the reason for this Do	•						
agreed with the Paramedic Educa		nd I understa	ind I am r	esponsi	ble for in	forming my	/
EEAST and university course tuto	rs.						
Student Signature:				ate:	1	1	
A copy of this has been sent to the	e Link	Lecturer/Co	ourse Lea	der			
Paramedic Educator (PEd) Name				PEd S	Signature	:	

Reality: What a	<u>re</u> the issues/problem <u>s</u>	? (Tick relevant box	es)	_	_
Knowledge	Practical	Persona	I and Profes	ssional	
Options: How o	<u>a</u> n the student achiev <u>e</u>	their goals? (Tick re	elevant boxe	es)	7
Knowledge	Practical	Persona	I and Profes	ssional	
1.					
2.					
3.					
4.					
Additional Com	ments -				
When/Will: Wh	en will this plan be revie	ewed?	Date:	/	/
I understand th	e reason for this Develo	opment Action Plan	which has b	een discus	ssed and
agreed with the	Paramedic Educator a	ind I understand I ai	m responsib	le for inforr	ming my
	iversity course tutors.				
Student Signat	ure:		Date:	/	1
A copy of this h	nas been sent to the Lin	k Lecturer/Course L	-eader		
Paramedic Edu	ıcator (PEd) Name		PEd Si	gnature:	
-	re the issues/problems	? (Tick relevant box	es)	_	7
Knowledge _	Practical		I and Profes	_	
	an the student achieve				٦
Knowledge _	Practical	Persona	I and Profes	ssional	
1.					
2.					
3.					
4.					
Additional Com	ments -				
When/Will: Wh	en will this plan be revie	ewed?	Date:	1	/
I understand th	e reason for this Develo	opment Action Plan	which has b	een discus	sed and
agreed with the	Paramedic Educator a	ind I understand I a	m responsib	le for inforr	ming my
EEAST and un	iversity course tutors.				
Student Signat	ure:		Date:	1	1
A conv of this h	as been sent to the Lin	k Lecturer/Course L	eader		
. ,	icator (PEd) Name	ik Eddidiei/Oddise L		gnature:	
i didifiedic Ede	iodioi (i Ed) ivallic		i Lu Si	griature.	

systematic approach to examining mu appropriately manage them. Minimum st	usculoskeletal	disorders f			
Formative					
Assessed level: Student					
Assessed level: PEd					
Date					
PEd Name.					
PEd Sign					
_					
Formative					
Assessed level: Student					
Assessed level: PEd					
Date					
PEd Name					
PEd Sign					
Summative					
Assessed level: Student					
Assessed level: PEd					
Date					
PEd Name					
PEd Sign					
Reality: What are the issues/proble	ms? (Tick r		•	г	
Knowledge Practical			I and Profe		
Options: How can the student achie	ev <u>e t</u> heir go	`		,	
Knowledge Practical		Persona	I and Profe	ssional	
1.					
2.					
3.					
4.					
Additional Comments -					
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					
When/Will: When will this plan be r	eviewed?		Date:	/	/
I understand the reason for this De		Action Plan		/ been disc	ussed and
<u> </u>	velopment /		which has		
I understand the reason for this De	velopment a		which has		
I understand the reason for this De agreed with the Paramedic Educate	velopment a		which has		
I understand the reason for this De agreed with the Paramedic Educate EEAST and university course tutors Student Signature:	velopment A or and I und s.	lerstand I a	which has m responsil Date:		
I understand the reason for this De agreed with the Paramedic Educate EEAST and university course tutors	velopment A or and I und s.	lerstand I a	which has m responsil Date: _eader		

Reality: What ar	re the issues/problems	? (Tick relevant b	oxes)	_	
Knowledge	Practical	Perso	nal and Profes	ssional	
Options: How ca	an the student achieve	their goals? (Tick	relevant boxe	es)	
Knowledge	Practical	Perso	nal and Profes	ssional	
1.					
2.					
3.					
4.					
Additional Com	ments -				
When/Will: Whe	en will this plan be revi	ewed?	Date:	/	/
I understand the	e reason for this Devel	opment Action Pla	n which has b	een discus	sed and
agreed with the	Paramedic Educator a	and I understand I	am responsib	le for inforr	ming my
EEAST and univ	versity course tutors.				
Student Signatu	ire:		Date:	/	/
A copy of this h	as been sent to the Lir	nk Lecturer/Course	l eader		
	cator (PEd) Name	ik Lecturei/Odurst		gnature:	
T aramedic Educ	cator (i Eu) Name		i Lu Si	griature.	
=	re the issues/problems				7
Knowledge	_ Practical _		nal and Profes		
-	an the student achieve				٦
Knowledge	Practical	Perso	nal and Profes	ssional	
1.					
2.					
3.					
4.	4 .				
Additional Com	ments -				
When/Will: Whe	en will this plan be revi	ewed?	Date:	/	/
I understand the	e reason for this Devel	opment Action Pla	n which has b	een discus	sed and
agreed with the	Paramedic Educator a	and I understand I	am responsib	le for inforr	ming my
EEAST and univ	versity course tutors.				
Student Signatu	ire:		Date:	/	/
A copy of this by	oo boon cont to the Lin	ok Looturor/Course	Loodor		
	as been sent to the Lin	ik Lecturer/Course		an atura	
Paramedic Educ	cator (PEd) Name		PEa Si	gnature:	

		ge of o	ions and Management: Students must be able demonstrate a obstetric and gynaecological presentations and appropriately indent
Fo	rmative		
Assessed leve	l: Student		
Assessed leve	l: PEd		
Date			
PEd Name			
PEd Sign			
	rmative		
	: Student		
	: PEd		
	mmative		
	l: Student		
	l: PEd		
PEa Sign			
Reality: What	•		(Tick relevant boxes)
Reality: What Knowledge	are the issues/probl		(Tick relevant boxes) Personal and Professional
Knowledge	Practica		Personal and Professional heir goals? (Tick relevant boxes)
Knowledge	Practica	l ieve t	Personal and Professional
Knowledge Options: How	Practica	l ieve t	Personal and Professional heir goals? (Tick relevant boxes)
Knowledge Options: How Knowledge	Practica	l ieve t	Personal and Professional heir goals? (Tick relevant boxes)
Knowledge Options: How Knowledge 1.	Practica	l ieve t	Personal and Professional heir goals? (Tick relevant boxes)
Knowledge Options: How Knowledge 1. 2.	Practica	l ieve t	Personal and Professional heir goals? (Tick relevant boxes)
Knowledge Options: How Knowledge 1. 2. 3.	Practica can the student ach Practica	l ieve t	Personal and Professional heir goals? (Tick relevant boxes)
Knowledge Options: How Knowledge 1. 2. 3. 4.	Practica can the student ach Practica	l ieve t	Personal and Professional heir goals? (Tick relevant boxes)
Knowledge Options: How Knowledge 1. 2. 3. 4.	Practica can the student ach Practica	l ieve t	Personal and Professional heir goals? (Tick relevant boxes)
Knowledge Options: How Knowledge 1. 2. 3. 4. Additional Co	Practica can the student ach Practica	I Lieve t	Personal and Professional heir goals? (Tick relevant boxes) Personal and Professional
Knowledge Options: How Knowledge 1. 2. 3. 4. Additional Co	Practica can the student ach Practica	I Lieve t	Personal and Professional heir goals? (Tick relevant boxes) Personal and Professional
Knowledge Options: How Knowledge 1. 2. 3. 4. Additional Co	Practica can the student ach Practica mments -	ieve t	Personal and Professional heir goals? (Tick relevant boxes) Personal and Professional
Knowledge Options: How Knowledge 1. 2. 3. 4. Additional Co	Practica can the student ach Practica mments - hen will this plan be the reason for this D	ieve t	Personal and Professional heir goals? (Tick relevant boxes) Personal and Professional wed? Date: / /
Knowledge Options: How Knowledge 1. 2. 3. 4. Additional Co When/Will: W I understand agreed with the	Practica can the student ach Practica mments - hen will this plan be the reason for this D	revieve tevelopator ar	Personal and Professional heir goals? (Tick relevant boxes) Personal and Professional wed? Date: / / pment Action Plan which has been discussed and
Knowledge Options: How Knowledge 1. 2. 3. 4. Additional Co When/Will: W I understand agreed with the	Practica can the student ach Practica mments - the reason for this D ne Paramedic Educa niversity course tuto	revieve tevelopator ar	Personal and Professional heir goals? (Tick relevant boxes) Personal and Professional wed? Date: / / pment Action Plan which has been discussed and
Knowledge Options: How Knowledge 1. 2. 3. 4. Additional Co When/Will: W I understand agreed with the EEAST and u Student Signal	mments - the reason for this Date Paramedic Educativersity course tuto ature:	revieve tevelopator ar	Personal and Professional heir goals? (Tick relevant boxes) Personal and Professional wed? Date: / / pment Action Plan which has been discussed and and I understand I am responsible for informing my Date: / /
Knowledge Options: How Knowledge 1. 2. 3. 4. Additional Co When/Will: W I understand agreed with the EEAST and used Student Signal	mments - the reason for this Date Paramedic Educativersity course tuto ature:	revieve tevelopator are.	Personal and Professional heir goals? (Tick relevant boxes) Personal and Professional wed? Date: / / pment Action Plan which has been discussed and and I understand I am responsible for informing my

Reality: What a	re the issues/problems	s? (Tick re	levant boxes)	_	_
Knowledge	Practical		Personal and Pro	fessional	
Options: How ca	an the student achieve	their goa	ls? (Tick relevant bo	oxes)	_
Knowledge	Practical		Personal and Pro	fessional	
1.					
2.					
3.					
4.					
Additional Com	ments -				
When/Will: Whe	en will this plan be revi	ewed?	Date:	/	/
I understand the	e reason for this Devel	lopment A	ction Plan which ha	s been disc	ussed and
agreed with the	Paramedic Educator	and I unde	erstand I am respons	sible for info	orming my
EEAST and uni	versity course tutors.				
Student Signatu	ıre:		Date:	/	/
A copy of this h	as been sent to the Lir	ak Looture	or/Course Leader		
		ik Lecture		Cianatura	
Paramedic Edu	cator (PEd) Name		PEU	Signature:	
-	re the issues/problems	s? (Tick re	elevant boxes)	Г	_
Knowledge	Practical		Personal and Pro	fessional	
-	an the student achieve	their goa		-	\neg
Knowledge	Practical		Personal and Pro	fessional	
1.					
2.					
3.					
4.					
Additional Com	ments -				
When/Will: Whe	en will this plan be revi	ewed?	Date:	/	/
	·				
I understand the	e reason for this Devel	lopment A	ction Plan which ha	s been disc	ussed and
	Paramedic Educator	and I unde	erstand I am respons	sible for info	orming my
	versity course tutors.				
Student Signatu	ıre:		Date:	1	/
A copy of this h	as been sent to the Lir	nk Lecture	er/Course Leader		
	cator (PEd) Name	IN LECTURE		Signature:	
Tarameulc Edu	cator (F Lu) Name		PEU	olynature.	

26. System Examination and M	/lanagement	- Paediatrics: Cons	idering all	systems the		
student must be able to demons	trate an appr	opriate approach to s	ystematic e	xamination and		
management of paediatric patients. This could include either/or of the following systems:						
Respiratory, Cardiovascular, Nervous, Gastrointestinal & Genitourinary and Musculoskeletal.						
* Advice for PEd = This element shou						
student has the required level of know	wledge and ap	plication to ensure pati	ent safety. N	linimum standard		
= Independent						
Formative						
Assessed level: Student						
Assessed level: PEd						
Date						
PEd Name						
PEd Sign						
Formative						
Assessed level: Student						
Assessed level: PEd						
Date						
PEd Name						
PEd Sign						
Summative						
Assessed level: Student						
Assessed level: PEd						
Date						
PEd Name						
PEd Sign						
Reality: What are the issues/prob	,	· ·				
Knowledge Practica	I	Personal and Pro	fessional			
Options: How can the student ach	iev <u>e t</u> heir go	oals? (Tick relevant be	oxes)			
Knowledge Practica	I	Personal and Pro	fessional			
1.						
2.						
3.						
4.						
Additional Comments -						
When/Will: When will this plan be	reviewed?	Date:	/	/		
Lundarstand the reason for this D	ovolonment	Action Plan which ha	s boon disc	ouccod and		
I understand the reason for this D	•					
agreed with the Paramedic Educa		derstand i am respon	sidle for int	orming my		
EEAST and university course tuto	rs.					
Student Signature:		Date:	1	1		
A copy of this has been sent to th						
I A COOV OI IIIIS HAS DEEH SEHLIH III	e Link Lectu	rer/Course Leader				
Paramedic Educator (PEd) Name			Signature:			

Reality: What are the issues/problems? (Tick rele	evant boxes)	
Knowledge Practical	Personal and Professiona	
Options: How can the student achieve their goals	s? (Tick relevant boxes)	
Knowledge Practical	Personal and Professiona	
1.		
2.		
3.		
4.		
Additional Comments -		
When/Will: When will this plan be reviewed?	Date: /	/
I understand the reason for this Development Ac	tion Plan which has been o	liscussed and
agreed with the Paramedic Educator and I under	stand I am responsible for	informing my
EEAST and university course tutors.		
Student Signature:	Date: /	/
A copy of this has been sent to the Link Lecturer	/Course Leader	
Paramedic Educator (PEd) Name	PEd Signatu	re:
Reality: What are the issues/problems? (Tick rele		. 🗀
Knowledge Practical Practical	Personal and Professiona	
Options: How can the student achieve their goals Knowledge Practical	Personal and Professiona	
1.	- Torochar and Froncociona	··
2.		
3.		
4. Additional Comments -		
Additional Comments -		
Additional Comments -		
	Date: /	/
When/Will: When will this plan be reviewed?		/
When/Will: When will this plan be reviewed? I understand the reason for this Development Ac	tion Plan which has been o	
When/Will: When will this plan be reviewed? I understand the reason for this Development Acadered with the Paramedic Educator and I under	tion Plan which has been o	
When/Will: When will this plan be reviewed? I understand the reason for this Development Ac	tion Plan which has been o	
When/Will: When will this plan be reviewed? I understand the reason for this Development Acagreed with the Paramedic Educator and I under EEAST and university course tutors.	tion Plan which has been of stand I am responsible for Date: /	

_	one patient. This may include road traffic collisions or assaults
	e casualty. Minimum standard = Independent
Formative	
Assessed level: Student	
Assessed level: PEd	
Date	
PEd Name	
PEd Sign	
Formative	
Assessed level: Student	
Assessed level: PEd	
Date	
PEd Name	
PEd Sign	
Summative	
Assessed level: Student	
Assessed level: PEd	
Date	
PEd Name	
PEd Sign	
Reality: What are the issues/problem	ms? (Tick relevant boxes)
Reality: What are the issues/problem Knowledge Practical	ms? (Tick relevant boxes) Personal and Professional
Knowledge Practical	,
Knowledge Practical	Personal and Professional
Knowledge Practical Options: How can the student achie	Personal and Professional ve their goals? (Tick relevant boxes)
Knowledge Practical Options: How can the student achie Knowledge Practical	Personal and Professional ve their goals? (Tick relevant boxes)
Knowledge Practical Options: How can the student achie Knowledge Practical 1.	Personal and Professional ve their goals? (Tick relevant boxes)
Knowledge Practical Options: How can the student achie Knowledge Practical 1. 2.	Personal and Professional ve their goals? (Tick relevant boxes)
Knowledge Practical Options: How can the student achie Knowledge Practical 1. 2. 3.	Personal and Professional ve their goals? (Tick relevant boxes)
Coptions: How can the student achies Knowledge Practical 1. 2. 3. 4.	Personal and Professional ve their goals? (Tick relevant boxes)
Coptions: How can the student achies Knowledge Practical 1. 2. 3. 4.	Personal and Professional ve their goals? (Tick relevant boxes)
Knowledge Practical Options: How can the student achie Knowledge Practical 1. 2. 3. 4.	Personal and Professional eve their goals? (Tick relevant boxes) Personal and Professional
Knowledge Practical Options: How can the student achie Knowledge Practical 1. 2. 3. 4. Additional Comments -	Personal and Professional eve their goals? (Tick relevant boxes) Personal and Professional Personal and Professional Date: / /
Options: How can the student achies Knowledge Practical 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be resulted to the student achies Practical 1. 2. 3. 4. Additional Comments -	Personal and Professional eve their goals? (Tick relevant boxes) Personal and Professional eviewed? Date: / / velopment Action Plan which has been discussed and
Options: How can the student achie Knowledge Practical 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be reason for this Devagreed with the Paramedic Educator	Personal and Professional eve their goals? (Tick relevant boxes) Personal and Professional eviewed? Date: / / velopment Action Plan which has been discussed and or and I understand I am responsible for informing my
Options: How can the student achie Knowledge Practical 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be reason for this Devagreed with the Paramedic Educate EEAST and university course tutors	Personal and Professional eve their goals? (Tick relevant boxes) Personal and Professional eviewed? Date: / / evelopment Action Plan which has been discussed and or and I understand I am responsible for informing my i.
Options: How can the student achie Knowledge Practical 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be reason for this Devagreed with the Paramedic Educator	Personal and Professional eve their goals? (Tick relevant boxes) Personal and Professional eviewed? Date: / / velopment Action Plan which has been discussed and or and I understand I am responsible for informing my
Options: How can the student achie Knowledge Practical 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be reason for this Devagreed with the Paramedic Educate EEAST and university course tutors	Personal and Professional eve their goals? (Tick relevant boxes) Personal and Professional eviewed? Date: / / velopment Action Plan which has been discussed and or and I understand I am responsible for informing my b. Date: / /

Reality: What	<u>are</u> the issues/problem <u>s</u>	? (Tick relevant boxes)		
Knowledge	Practical	Personal and	Professional	
Options: How	can the student achieve	their goals? (Tick releva	nt boxes)	
Knowledge	Practical	Personal and	Professional	
1.				
2.				
3.				
4.				
Additional Con	nments -			
\/\hen/\/\ill: \/\h	en will this plan be revie	ewed? Dat	ha· /	
VVIICII/ VVIII. VVI	ion will this plan be revie	wca: Dai	7	,
I understand th	ne reason for this Develo	opment Action Plan whic	h has been dis	cussed and
agreed with th	e Paramedic Educator a	nd I understand I am res	sponsible for in	forming my
EEAST and ur	iversity course tutors.			
Student Signa	ture:	Da	te: /	/
		k Lecturer/Course Leade		
Paramedic Ed	ucator (PEd) Name		PEd Signature	:
Reality: What	are the issues/problems	? (Tick relevant boxes)		
Knowledge	Practical		Professional	
Options: How	can the student achieve	their goals? (Tick releva	int boxes)	
Knowledge	Practical		Professional	
1.				
2.				
3.				
4.				
Additional Con	nments -			
\\/hop/\\/ill.\\/h	on will this plan he revis	wod? Do	to: /	/
vvrien/vviii. vvr	en will this plan be revie	ewed? Dat	ie. /	/
Lunderstand th		nment Action Plan which	h has been dis	cussed and
	ne reason for this Develo	WINGH AGUUN LIGH WING		
adreed with th	ne reason for this Develo e Paramedic Educator a	•		
_	e Paramedic Educator a	nd I understand I am res		
EEAST and ur	e Paramedic Educator a niversity course tutors.	nd I understand I am res	sponsible for in	
_	e Paramedic Educator a niversity course tutors.	•	sponsible for in	
EEAST and ur Student Signa	e Paramedic Educator a niversity course tutors. ture:	nd I understand I am res	sponsible for in	

28. Recognition, assessment and learn how to lead, manage and work arrest. They will have a sound unde resuscitation and they will integrate lessential as the student learns BLS suffer a cardiac arrest including use	as a tear rstanding ocal Trus and Inter	m when providing of the Resuscing the Resuscing the state of the state	ng resuscitation tation Council (lication of these Support for a ra	n for patie UK) guid guidelin ange of pa	ents in cardiac elines for es to practice is atients that
Formative					
Assessed level: Student					
Assessed level: PEd					
Date					
PEd Name					
PEd Sign					
Formative					
Assessed level: Student					
Assessed level: PEd					
Date					
PEd Name					
PEd Sign					
Summative					
Assessed level: Student					
Assessed level: PEd					
Date					
PEd Name					
PEd Sign					
Reality: What are the issues/probl	, i		•		
Knowledge Practica			nal and Profes		
Options: How can the student ach					
Knowledge Practica	I	Persor	nal and Profes	sional	
1.					
2.					
3.					
4.					
Additional Comments -					
When/Will: When will this plan be	reviewed	d?	Date:	/	/
I understand the reason for this D	evelopm	ent Action Pla	n which has b	een disc	cussed and
agreed with the Paramedic Educa	•				
EEAST and university course tuto					
Student Signature:			Date:	/	/
A copy of this has been sent to the	e Link Le	ecturer/Course	Leader		
Paramedic Educator (PEd) Name				gnature:	

Reality: What are the issues/problems? (Tick re	elevant boxes)	
Knowledge Practical	Personal and Professional	Ш
Options: How can the student achieve their goa	als? (Tick relevant boxes)	
Knowledge Practical	Personal and Professional	
1.		
2.		
3.		
4.		
Additional Comments -		
When/Will: When will this plan be reviewed?	Date: /	/
I understand the reason for this Development A	ction Plan which has been di	scussed and
agreed with the Paramedic Educator and I unde	erstand I am responsible for in	nforming my
EEAST and university course tutors.		
Student Signature:	Date: /	/
A copy of this has been sent to the Link Lecture	er/Course Leader	
Paramedic Educator (PEd) Name	PEd Signature	e :
Reality: What are the issues/problems? (Tick re		
Knowledge Practical	Personal and Professional	
Options: How can the student achieve their goal Knowledge Practical	Personal and Professional	
1.	1 ersonal and 1 rolessional	
2.		
3.		
4.		
Additional Comments -		
When/Will: When will this plan be reviewed?	Date: /	
·		,
I understand the reason for this Development A		
agreed with the Paramedic Educator and I under EEAST and university course tutors.	erstand i am responsible for ir	ntorming my
Student Signature:	Date: /	/
A copy of this has been sent to the Link Lecture	er/Course Leader	
Paramedic Educator (PEd) Name	PEd Signature	ə:
,		

29. Basic Airway Management - Adults: Students must demonstrate basic stepwise technique
in managing a patient airway and may include head-tilt, chin lift, jaw thrust, C Spine Contro
Oropharyngeal and Nasopharyngeal airways, suction and BVM. Minimum standard
Independent
Formative
Assessed level: Student
Assessed level: PEd
Date
PEd Name
PEd Sign
Formative
Assessed level: Student
Assessed level: PEd
Date
PEd Name
PEd Sign
Summative
Assessed level: Student
Assessed level: PEd
Date
PEd Name
PEd Sign
I
Reality: What are the issues/problems? (Tick relevant boxes)
Knowledge Practical Personal and Professional
Options: How can the student achieve their goals? (Tick relevant boxes)
Knowledge Practical Personal and Professional
<u> </u>
2.
3.
4.
Additional Comments -
When/Will: When will this plan be reviewed? Date: / /
I understand the reason for this Development Action Plan which has been discussed and
agreed with the Paramedic Educator and I understand I am responsible for informing my
EEAST and university course tutors.
Student Signature: Date: / /
, , , , , , , , , , , , , , , , , , , ,
A copy of this has been sent to the Link Lecturer/Course Leader
Paramedic Educator (PEd) Name PEd Signature:

	are the issues/problem	,	•		
Knowledge _	Practical		sonal and Profes	_	
•	can the student achieve				_
Knowledge	Practical	Pei	sonal and Profes	sional	
1.					
2.					
3.					
4.					
Additional Cor	nments -				
When/Will: Wh	nen will this plan be rev	viewed?	Date:	/	
	, , , , , , , , , , , , , , , , , , ,			·	ŕ
I understand the	he reason for this Deve	elopment Action	Plan which has b	een discu	ussed and
agreed with th	e Paramedic Educator	and I understar	id I am responsib	le for info	rming my
EEAST and ur	niversity course tutors.				
Student Signa	ture:		Date:	/	/
A copy of this	has been cont to the I	ink Lagturar/Cau	uraa Laadar		
	has been sent to the L	ink Lecturer/Cot		an atura.	
Paramedic Ed	ucator (PEd) Name		PE0 51	gnature:	
Reality: What	are the issues/problem	ns? (Tick relevan	t boxes)		_
Reality: What Knowledge	are the issues/problem Practical	,	t boxes) sonal and Profes	ssional	
Knowledge Options: How	Practical can the student achiev	Per e their goals? (1	sonal and Profes	es)	
Knowledge	Practical	Per e their goals? (1	sonal and Profes	es)	
Knowledge Options: How	Practical can the student achiev	Per e their goals? (1	sonal and Profes	es)	
Knowledge Options: How Knowledge	Practical can the student achiev	Per e their goals? (1	sonal and Profes	es)	
Knowledge Options: How Knowledge 1.	Practical can the student achiev	Per e their goals? (1	sonal and Profes	es)	
Knowledge Options: How Knowledge 1. 2.	Practical can the student achiev	Per e their goals? (1	sonal and Profes	es)	
Knowledge Options: How Knowledge 1. 2. 3.	Practical can the student achiever Practical	Per e their goals? (1	sonal and Profes	es)	
Knowledge Options: How Knowledge 1. 2. 3. 4.	Practical can the student achiever Practical	Per e their goals? (1	sonal and Profes	es)	
Knowledge Options: How Knowledge 1. 2. 3. 4.	Practical can the student achiever Practical	Per e their goals? (1	sonal and Profes	es)	
Knowledge Options: How Knowledge 1. 2. 3. 4. Additional Cor	Practical can the student achiever Practical Practical	Perve their goals? (1	rsonal and Profestick relevant boxersonal and Profestic	es)	
Knowledge Options: How Knowledge 1. 2. 3. 4. Additional Cor	Practical can the student achiever Practical	Perve their goals? (1	sonal and Profes	es)	
Knowledge Options: How Knowledge 1. 2. 3. 4. Additional Cor	Practical can the student achiever Practical Practical	Perve their goals? (7	rsonal and Profestick relevant boxersonal and Profestics	es) ssional	/ ussed and
Knowledge Options: How Knowledge 1. 2. 3. 4. Additional Cor When/Will: Wh	Practical can the student achiev Practical mments -	Perve their goals? (7 Perve their goals? (7) Perve their goals?	Tick relevant boxersonal and Profestronal and Profestrona	es) esional /	
Knowledge Options: How Knowledge 1. 2. 3. 4. Additional Cor When/Will: When/W	Practical can the student achiever Practical mments - nen will this plan be revenue to the reason for this Devenue to the reason for the reason for the reason for this Devenue to the reason for t	viewed? elopment Action and I understar	Tick relevant boxersonal and Profestronal and Profestrona	es) esional /	
Knowledge Options: How Knowledge 1. 2. 3. 4. Additional Cor When/Will: When/W	Practical can the student achiever Practical mments - nen will this plan be revenue reason for this Devenue Paramedic Educator niversity course tutors.	viewed? elopment Action and I understar	Tick relevant boxersonal and Profestronal and Profestrona	es) esional /	
Knowledge Options: How Knowledge 1. 2. 3. 4. Additional Cor When/Will: When/W	Practical can the student achieve Practical mments - nen will this plan be revolved the reason for this Development Paramedic Educator inversity course tutors. ture:	viewed? elopment Action and I understar	Date: Plan which has bed I am responsib	es) esional /	
Copy of this	Practical can the student achiever Practical mments - nen will this plan be revenue reason for this Devenue Paramedic Educator niversity course tutors.	viewed? elopment Action and I understar	Date: Plan which has bed I am responsible. Date:	es) esional /	

_	dult: Students must demonstrate techniques in managing
	nical aspiration and appropriate adjuncts such as I-Gel and
monitoring using capnography . Minimum	standard = independent
Formative	
Assessed level: Student	
Assessed level: PEd	
Date	
PEd Name	
PEd Sign	
Formative	
Assessed level: Student	
Assessed level: PEd	
Date	
PEd Name	
PEd Sign	
Summative	
Assessed level: Student	
Assessed level: PEd	
Date	
PEd Name	
PEd Sign	
Reality: What are the issues/problems?	,
Knowledge Practical Practical	Personal and Professional
Options: How can the student achieve	
Knowledge Practical Practical	Personal and Professional
1.	
2.	
3.	
4.	
Additional Comments -	
When/Will: When will this plan be revie	wed? Date: / /
I understand the reason for this Develo	pment Action Plan which has been discussed and
agreed with the Paramedic Educator a	nd I understand I am responsible for informing my
EEAST and university course tutors.	
Student Signature:	Date: / /
A convert this has been cont to the Lin	
A CONV OF THIS HAS NAME SANT IN THAT I'M	(Lecturer/Course Leader
Paramedic Educator (PEd) Name	k Lecturer/Course Leader PEd Signature:

Reality: What are the issues/problems? (Tick relevant boxes)	
Knowledge Practical Personal and Professional	
Options: How can the student achieve their goals? (Tick relevant boxes)	
Knowledge Practical Personal and Professional	
1.	
2.	
3.	
4.	
Additional Comments -	
When/Will: When will this plan be reviewed? Date: / /	
Wholi, Will the plan be followed.	
I understand the reason for this Development Action Plan which has been discussed and	b
agreed with the Paramedic Educator and I understand I am responsible for informing my	,
EEAST and university course tutors.	
Student Signature: Date: / /	
A copy of this has been sent to the Link Lecturer/Course Leader	
Paramedic Educator (PEd) Name PEd Signature:	
Reality: What are the issues/problems? (Tick relevant boxes)	
Knowledge Practical Personal and Professional	
Options: How can the student achieve their goals? (Tick relevant boxes)	
Knowledge Practical Personal and Professional	
1.	
2.	
3.	
4.	
Additional Comments -	
When Wills When will this plan be reviewed?	
When/Will: When will this plan be reviewed? Date: / /	
I understand the reason for this Development Action Plan which has been discussed and	d
agreed with the Paramedic Educator and I understand I am responsible for informing my	
EEAST and university course tutors.	
Student Signature: Date: / /	
A copy of this has been sent to the Link Lecturer/Course Leader	
Paramedic Educator (PEd) Name PEd Signature:	

a patient airway and could include cricothyroidotomy Tracheotomy care and	intubation (including assisted and larygoscopy) needle needle chest thoracocentesis. Minimum standard = IND.
Formative	
Assessed level: Student	
Assessed level: PEd	
Date	
PEd Name	
PEd Sign	
Formative	
Assessed level: Student	
Assessed level: PEd	
Date	
PEd Name	
PEd Sign	
Summative	
Assessed level: Student	
Assessed level: PEd	
Date	
PEd Name	
PEd Sign	
Reality: What are the issues/problems	,
Knowledge Practical	Personal and Professional
Options: How can the student achieve	
Knowledge Practical	Personal and Professional
1.	
2.	
3.	
4.	
Additional Comments -	
When/Will: When will this plan be review	
I understand the reason for this Devel	opment Action Plan which has been discussed and
agreed with the Paramedic Educator a	and I understand I am responsible for informing my
EEAST and university course tutors.	
Student Signature:	Date: / /
A copy of this has been sent to the Lir	k Lecturer/Course Leader
Paramedic Educator (PEd) Name	PEd Signature:
	-

	n (IPPV) using a bag valv	ay demonstrate accurate ventilation using intermittent positive mask and mechanical ventilator. This may include assiste vanced airway in situ. Minimum standard = Independent
Form	ative	
Assessed level: S	tudent	
Assessed level: P	Ed	
Date		
PEd Name		
PEd Sign		
Form	ative	
Assessed level: S	tudent	
Assessed level: P	Ed	
Date		
PEd Name		
PEd Sign		
Sumn	native	
Assessed level: S	tudent	
Assessed level: P	Ed	
Date		
PEd Name		
PEd Sign		
	<u>.</u>	
Reality: What are	e the issues/problems?	C(Tick relevant boxes)
Knowledge	Practical	Personal and Professional
Knowledge	Practical	1
Knowledge	Practical	Personal and Professional
Knowledge Options: How ca Knowledge 1.	Practical n the student achieve	Personal and Professionaltheir goals? (Tick relevant boxes)
Knowledge Options: How ca Knowledge 1. 2.	Practical n the student achieve	Personal and Professionaltheir goals? (Tick relevant boxes)
Knowledge Options: How can Knowledge 1. 2. 3.	Practical n the student achieve	Personal and Professionaltheir goals? (Tick relevant boxes)
Knowledge Options: How ca Knowledge 1. 2.	Practical In the student achieve to Practical	Personal and Professionaltheir goals? (Tick relevant boxes)
Knowledge Options: How ca Knowledge 1. 2. 3. 4.	Practical In the student achieve to Practical	Personal and Professionaltheir goals? (Tick relevant boxes)
Knowledge Options: How car Knowledge 1. 2. 3. 4. Additional Comm	Practical In the student achieve to Practical	Personal and Professional their goals? (Tick relevant boxes) Personal and Professional
Knowledge Options: How car Knowledge 1. 2. 3. 4. Additional Comm When/Will: When I understand the	Practical In the student achieve to Practical Practical nents - n will this plan be reviewed to reason for this Develor	Personal and Professional their goals? (Tick relevant boxes) Personal and Professional wed? Date: / / pment Action Plan which has been discussed and
Knowledge Options: How car Knowledge 1. 2. 3. 4. Additional Comm When/Will: When I understand the agreed with the	Practical In the student achieve to Practical Practical nents - nents - reason for this Develo Paramedic Educator ar	Personal and Professional their goals? (Tick relevant boxes) Personal and Professional wed? Date: / /
Coptions: How can Knowledge 1. 2. 3. 4. Additional Community When/Will: When I understand the agreed with the EEAST and university	Practical In the student achieve to Practical Practical Practical nents - nents - reason for this Develor Paramedic Educator are rersity course tutors.	Personal and Professional their goals? (Tick relevant boxes) Personal and Professional wed? Date: / / pment Action Plan which has been discussed and and I understand I am responsible for informing my
Knowledge Options: How car Knowledge 1. 2. 3. 4. Additional Comm When/Will: When I understand the agreed with the	Practical In the student achieve to Practical Practical Practical nents - nents - reason for this Develor Paramedic Educator are rersity course tutors.	Personal and Professional their goals? (Tick relevant boxes) Personal and Professional wed? Date: / / pment Action Plan which has been discussed and
Coptions: How can Knowledge 1. 2. 3. 4. Additional Community When/Will: When I understand the agreed with the EEAST and univeness student Signature.	Practical In the student achieve to Practical Practical Practical In will this plan be reviewed to the plan be reviewed to	Personal and Professional their goals? (Tick relevant boxes) Personal and Professional wed? Date: / / pment Action Plan which has been discussed and and I understand I am responsible for informing my

Reality: What	are the issues/problems?	(Tick relevant boxes)]
Knowledge	Practical	Personal and Professional	
Options: How	can the student achieve t	heir goals? (Tick relevant boxes)]
Knowledge	Practical	Personal and Professional	
1.			
2.			
3.			
4.			
Additional Co	mments -		
When/Will: W	hen will this plan be review	ved? Date: /	/
I understand	the reason for this Develop	oment Action Plan which has been di	scussed and
agreed with the	ne Paramedic Educator an	d I understand I am responsible for i	nforming my
EEAST and u	niversity course tutors.		
Student Signa	ature:	Date: /	/
A copy of this	has been sent to the Link	Lecturer/Course Leader	
Paramedic Ed	ducator (PEd) Name	PEd Signatur	e:
	are the issues/problems?		
Knowledge	Practical	Personal and Professional	
		heir goals? (Tick relevant boxes)	
Knowledge	Practical	Personal and Professional	
1.			
2.			
3.			
4.			
Additional Co	mments -		
When/Will: W	hen will this plan be reviev	wed? Date: /	/
I understand	the reason for this Develor	oment Action Plan which has been di	scussed and
	·	nd I understand I am responsible for i	
_	niversity course tutors.		
Student Signa		Date: /	1
		,	
	has been sent to the Link	Lecturer/Course Leader	
Paramedic Ed	ducator (PEd) Name	PEd Signatur	e:

32 Airway Management - Paed	iatrics	cs: Students must demonstrate stepwise techniques in
, ,		lude but not exclusively: head-tilt , chin lift , jaw thrust or
		rway, aspiration & capnography suctioning, ventilation
		tilation (IPPV) mechanical ventilator & BVM. Minimum
standard = Independent	VOITUI	thaton (in i v) moonamour vonthator & bvin. Williamon
•	ould b	be accompanied by appropriate questioning to ensure the
		ge and application to ensure patient safety.
		, and approximents entering particular contest,
Formative		
Assessed level: Student		
Assessed level: PEd		
Date		
PEd Name		
PEd Sign		
Formative		
Assessed level: Student		
Assessed level: PEd		
Date		
PEd Name		
PEd Sign		
Summative		
Assessed level: Student		
Assessed level: PEd		
Date		
PEd Name		
PEd Sign		
Reality: What are the issues/probl		· ·
Knowledge Practica		Personal and Professional
		their goals? (Tick relevant boxes)
Knowledge Practica	I	Personal and Professional
1.		
2.		
3.		
4.		
Additional Comments -		
When/Will: When will this plan be	reviev	ewed? Date: / /
William William Will this plan be	TOVIC	bute.
I understand the reason for this D	evelo	opment Action Plan which has been discussed and
agreed with the Paramedic Educa	tor ar	and I understand I am responsible for informing my
EEAST and university course tuto	rs.	
Student Signature:		Date: / /
A copy of this has been cont to the	ا ما ا	ok Locturor/Course Loader
A copy of this has been sent to the	E LINK	
Paramedic Educator (PEd) Name		PEd Signature:

	levant boxes)	
Knowledge Practical	Personal and Professiona	al L
Options: How can the student achieve their goal	ls? (Tick relevant boxes)	
Knowledge Practical	Personal and Professiona	al 🔲
1.		
2.		
3.		
4.		
Additional Comments -		
When/Will: When will this plan be reviewed?	Date: /	/
I understand the reason for this Development A	ction Plan which has been	discussed and
agreed with the Paramedic Educator and I unde	rstand I am responsible for	informing my
EEAST and university course tutors.		
Student Signature:	Date: /	/
A copy of this has been sent to the Link Lecture	r/Course Leader	
Paramedic Educator (PEd) Name	PEd Signatu	ire:
Reality: What are the issues/problems? (Tick re		
	levant boxes)	
Knowledge Practical	levant boxes) Personal and Professiona	al
Knowledge Practical Options: How can the student achieve their goa	Personal and Professionals? (Tick relevant boxes)	
Knowledge Practical Options: How can the student achieve their goa Knowledge Practical	Personal and Professiona	
Knowledge Practical Options: How can the student achieve their goa Knowledge Practical 1.	Personal and Professionals? (Tick relevant boxes)	
Knowledge Practical Options: How can the student achieve their goa Knowledge Practical 1. 2.	Personal and Professionals? (Tick relevant boxes)	
Knowledge Practical Options: How can the student achieve their goa Knowledge Practical 1. 2. 3.	Personal and Professionals? (Tick relevant boxes)	
Knowledge Practical Options: How can the student achieve their goa Knowledge Practical 1. 2.	Personal and Professionals? (Tick relevant boxes)	
Knowledge Practical Options: How can the student achieve their goa Knowledge Practical 1. 2. 3. 4.	Personal and Professionals? (Tick relevant boxes)	
Knowledge Practical Options: How can the student achieve their goa Knowledge Practical 1. 2. 3. 4.	Personal and Professionals? (Tick relevant boxes)	
Knowledge Practical Options: How can the student achieve their goa Knowledge Practical 1. 2. 3. 4.	Personal and Professionals? (Tick relevant boxes)	
Coptions: How can the student achieve their goal Knowledge Practical 1. 2. 3. 4. Additional Comments -	Personal and Professionals? (Tick relevant boxes) Personal and Professional	al/
Options: How can the student achieve their goa Knowledge Practical 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be reviewed?	Personal and Professionals? (Tick relevant boxes) Personal and Professional and Professiona	discussed and
Options: How can the student achieve their goa Knowledge Practical 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be reviewed? I understand the reason for this Development Actions.	Personal and Professionals? (Tick relevant boxes) Personal and Professional and Professiona	discussed and
Options: How can the student achieve their goal Knowledge Practical 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be reviewed? I understand the reason for this Development Adagreed with the Paramedic Educator and I understand I un	Personal and Professionals? (Tick relevant boxes) Personal and Professional and Professiona	discussed and
Options: How can the student achieve their goal Knowledge Practical 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be reviewed? I understand the reason for this Development Adagreed with the Paramedic Educator and I under EEAST and university course tutors.	Personal and Professionals? (Tick relevant boxes) Personal and Professional Date: / ction Plan which has been or stand I am responsible for Date: /	discussed and

33. Medicine Management - A	Adults: Students must demonstrate safe practice in the appropriate	,
drug selection and preparation for a r	range of emergencies. Students may draw up 'paramedic' drugs bu	t
	under direct supervision of a Paramedic Educator. The Paramedic	
	all times. The student should be exposed to drug administration	
including inhalation, oral, sublingu	ual, intramuscular, subcutaneous, per-rectum, intravenous and	ł
intraosseous. Minimum standard = Inc	·	
	nould be accompanied by appropriate questioning to ensure the	;
	owledge and application to ensure patient safety.	
Formative		
Assessed level: Student		
Assessed level: PEd		
Date		
PEd Name		
PEd Sign		
Formative		
Assessed level: Student		
Assessed level: PEd		
Date		
PEd Name		
PEd Sign		
Summative		
Assessed level: Student		
Assessed level: PEd		
Date		
PEd Name		
PEd Sign		
Reality: What are the issues/probl	lems? (Tick relevant boxes)	
Knowledge Practica	al Personal and Professional	
Options: How can the student ach	hiev <u>e t</u> heir goals? (Tick relevant boxes)	
Knowledge Practica	al Personal and Professional	
1.		
2.		
3.		
4.		
Additional Comments -		
Additional Comments -		
λλ/Ι Λλ/: ΙΙ- λλ/Ι Ι Ι Ι Ι Ι Ι		
When/Will: When will this plan be	e reviewed? Date: / /	
I understand the reason for this D	Development Action Plan which has been discussed and	
	ator and I understand I am responsible for informing my	
EEAST and university course tuto		
Student Signature:	Date: / /	
A copy of this has been sent to the		
Paramedic Educator (PEd) Name	PEd Signature:	

	1
Knowledge Practical Personal and Professional	
Options: How can the student achieve their goals? (Tick relevant boxes)	
Knowledge Practical Personal and Professional	
1.	
2.	
3.	
4.	
Additional Comments -	
When/Will: When will this plan be reviewed? Date: / /	
I understand the reason for this Development Action Plan which has been discussed and	
agreed with the Paramedic Educator and I understand I am responsible for informing my	
EEAST and university course tutors.	
Student Signature: Date: / /	
A copy of this has been sent to the Link Lecturer/Course Leader	
Paramedic Educator (PEd) Name PEd Signature:	
Reality: What are the issues/problems? (Tick relevant boxes) Knowledge Practical Personal and Professional	
Knowledge Practical Personal and Professional	
Options: How can the student achieve their goals? (Tick relevant boxes)	
<u> </u>	
Options: How can the student achieve their goals? (Tick relevant boxes) Knowledge Practical Personal and Professional 1.	
Options: How can the student achieve their goals? (Tick relevant boxes) Knowledge Practical Personal and Professional 1. 2.	
Options: How can the student achieve their goals? (Tick relevant boxes) Knowledge Practical Personal and Professional 1. 2. 3.	
Options: How can the student achieve their goals? (Tick relevant boxes) Knowledge Practical Personal and Professional 1. 2. 3. 4.	
Options: How can the student achieve their goals? (Tick relevant boxes) Knowledge Practical Personal and Professional 1. 2. 3.	
Options: How can the student achieve their goals? (Tick relevant boxes) Knowledge Practical Personal and Professional 1. 2. 3. 4.	
Options: How can the student achieve their goals? (Tick relevant boxes) Knowledge Practical Personal and Professional 1. 2. 3. 4.	
Options: How can the student achieve their goals? (Tick relevant boxes) Knowledge Practical Personal and Professional 1. 2. 3. 4.	
Options: How can the student achieve their goals? (Tick relevant boxes) Knowledge Practical Personal and Professional 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be reviewed? Date: / / I understand the reason for this Development Action Plan which has been discussed and	
Options: How can the student achieve their goals? (Tick relevant boxes) Knowledge Practical Personal and Professional 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be reviewed? Date: / / I understand the reason for this Development Action Plan which has been discussed and agreed with the Paramedic Educator and I understand I am responsible for informing my	
Options: How can the student achieve their goals? (Tick relevant boxes) Knowledge Practical Personal and Professional 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be reviewed? Date: / / I understand the reason for this Development Action Plan which has been discussed and agreed with the Paramedic Educator and I understand I am responsible for informing my EEAST and university course tutors.	
Options: How can the student achieve their goals? (Tick relevant boxes) Knowledge Practical Personal and Professional 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be reviewed? Date: / / I understand the reason for this Development Action Plan which has been discussed and agreed with the Paramedic Educator and I understand I am responsible for informing my	
Options: How can the student achieve their goals? (Tick relevant boxes) Knowledge Practical Personal and Professional 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be reviewed? Date: / / I understand the reason for this Development Action Plan which has been discussed and agreed with the Paramedic Educator and I understand I am responsible for informing my EEAST and university course tutors.	
Options: How can the student achieve their goals? (Tick relevant boxes) Knowledge Practical Personal and Professional 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be reviewed? Date: / / I understand the reason for this Development Action Plan which has been discussed and agreed with the Paramedic Educator and I understand I am responsible for informing my EEAST and university course tutors. Student Signature: Date: / /	

_	Paediatrics: Students must demonstrate safe practice in the	
	ation for a range of emergencies. Students may draw up 'paramedic	
<u> </u>	em even under direct supervision of a Paramedic Educator. The	
	countable at all times. The student should be exposed to drugal, sublingual, intramuscular, subcutaneous, per-rectum, intravenou	-
and intraosseous. Minimum standard =		3
	ould be accompanied by appropriate questioning to ensure the	e
	wledge and application to ensure patient safety.	
Formative		
Assessed level: Student		
Assessed level: PEd		
Date		
PEd Name		
PEd Sign		
Formative		
Assessed level: Student		
Assessed level: PEd		
Date		
PEd Name		
PEd Sign		
Summative		
Assessed level: Student		
Assessed level: PEd		
Date		
PEd Name		
PEd Sign		
Reality: What are the issues/probl	· · · · · · · · · · · · · · · · · · ·	
Knowledge Practica		
Options: How can the student ach	ieve their goals? (Tick relevant boxes)	
Knowledge Practica	Personal and Professional	
1.		
2.		
3.		
4.		
Additional Comments -		
When/Will: When will this plan be	reviewed? Date: / /	
I understand the reason for this D	evelopment Action Plan which has been discussed and	
agreed with the Paramedic Educa	tor and I understand I am responsible for informing my	
EEAST and university course tuto		
Student Signature:	Date: / /	
A copy of this has been sent to the	e Link Lecturer/Course Leader	
Paramedic Educator (PEd) Name	PEd Signature:	

. toanty: Triiat	<u> </u>	the issues/p	_	ن. ر	TICK TOIC	varit bo	AC3)			
Knowledge		Pra	ctical			Person	al and Profe	ssional		
Options: How	ca	n the student	t achieve	e the	eir goals	? (Tick	relevant box	es)		
Knowledge		Pra	ctical			Person	al and Profe	ssional		
1.										
2.										
3.										
4.										
Additional Co	mm	ents -								
When/Will: W	'her	will this plar	n be revi	iewe	ed?		Date:	/	/	
I understand	the	reason for th	is Deve	lopr	nent Act	ion Plar	n which has	been disc	cussed and	
agreed with the	he F	Paramedic E	ducator	and	I under	stand I a	am responsil	ble for inf	orming my	
EEAST and u	ıniv	ersity course	tutors.							
Student Signa	atur	e:					Date:	/	/	
A copy of this	ha	s been sent t	to the Li	ink L	_ecturer/	Course	Leader			
Paramedic E	duc	ator (PEd) N	ame				PEd S	ignature:		
Reality: What	are	the issues/p	oroblem <u>s</u>	<u>s?</u> (Tick rele	vant bo	xes)			
Reality: What Knowledge	: are	•	oroblems	s?(Tick rele		xes) al and Profe	ssional		
-		Pra	ctical			Person	al and Profe			
Knowledge		Pra	ctical			Person ? (Tick	al and Profe	es)		
Knowledge Options: How Knowledge 1. 2. 3. 4.	/ cai	Prain the student	ctical t achieve			Person ? (Tick	al and Profe relevant box	es)		
Knowledge Options: How Knowledge 1. 2. 3.	/ cai	Prain the student	ctical t achieve			Person ? (Tick	al and Profe relevant box	es)		
Knowledge Options: How Knowledge 1. 2. 3. 4.	r cai	Prain the student Prain	ctical t achieve ctical	e the	eir goals	Person ? (Tick	al and Profe relevant box	es)		
Knowledge Options: How Knowledge 1. 2. 3. 4. Additional Co	mmm/her	Prace	ctical t achieve ctical n be revi	e the	eir goals	Person ? (Tick Person	al and Profe relevant box al and Profe Date:	es) ssional / been disc		
Knowledge Options: How Knowledge 1. 2. 3. 4. Additional Co	mmm/her	Prace	ctical t achieve ctical n be revi	e the	eir goals	Person ? (Tick Person	al and Profe relevant box al and Profe Date:	es) ssional / been disc		
Knowledge Options: How Knowledge 1. 2. 3. 4. Additional Co	/ car	Prace	t achieve ctical n be revials Deve	e the	eir goals	Person ? (Tick Person	al and Profe relevant box al and Profe Date:	es) ssional / been disc		
Knowledge Options: How Knowledge 1. 2. 3. 4. Additional Co	/ car /her /her the he F	Prace	t achieve ctical n be revials Deve	e the	eir goals	Person ? (Tick Person	al and Profe relevant box al and Profe Date:	es) ssional / been disc		
Knowledge Options: How Knowledge 1. 2. 3. 4. Additional Co	/ car /her the he F Inive	Prace	t achieve ctical n be revi	e the	eir goals ed? ment Act	Person ? (Tick Person ion Planstand I a	Date: Date: Date:	es) ssional / been disc		

_	nts must demonstrate safe and accurate use of IM injection ould include appropriate site selection and aseptic technique
Minimum standard = Independent	odia include appropriate site selection and aseptic technique
·	
Formative	
Assessed level: Student	
Assessed level: PEd	
Date	
PEd Name	
PEd Sign	
Formative	
Assessed level: Student	
Assessed level: PEd	
Date	
PEd Name	
PEd Sign	
Summative	
Assessed level: Student	
Assessed level: PEd	
Date	
PEd Name	
PEd Sign	
•	
Reality: What are the issues/prob	
Knowledge Practica	Personal and Professional
Knowledge Practical Options: How can the student ach	Personal and Professional lieve their goals? (Tick relevant boxes)
Knowledge Practical Practi	Personal and Professional lieve their goals? (Tick relevant boxes)
Knowledge Practical Options: How can the student ach	Personal and Professional lieve their goals? (Tick relevant boxes)
Knowledge Practical Options: How can the student ach Knowledge Practical 1. 2.	Personal and Professional lieve their goals? (Tick relevant boxes)
Knowledge Practical Options: How can the student ach Knowledge Practical 1.	Personal and Professional lieve their goals? (Tick relevant boxes)
Knowledge Practical Options: How can the student ach Knowledge Practical 1. 2.	Personal and Professional lieve their goals? (Tick relevant boxes)
Knowledge Practical Options: How can the student ach Knowledge Practical 1. 2. 3.	Personal and Professional lieve their goals? (Tick relevant boxes)
Knowledge Practical Options: How can the student ach Knowledge Practical 1. 2. 3. 4.	Personal and Professional lieve their goals? (Tick relevant boxes)
Knowledge Practical Options: How can the student ach Knowledge Practical 1. 2. 3. 4.	Personal and Professional lieve their goals? (Tick relevant boxes)
Knowledge Practical Options: How can the student ach Knowledge Practical 1. 2. 3. 4.	Personal and Professional lieve their goals? (Tick relevant boxes)
Knowledge Practical Options: How can the student ach Knowledge Practical 1. 2. 3. 4.	Personal and Professional lieve their goals? (Tick relevant boxes) Personal and Professional
Knowledge Practical Options: How can the student ach Knowledge Practical 1. 2. 3. 4. Additional Comments -	Personal and Professional lieve their goals? (Tick relevant boxes) Personal and Professional
Options: How can the student ach Knowledge Practical 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be	Personal and Professional lieve their goals? (Tick relevant boxes) Personal and Professional Personal and Professional Personal and Professional
Options: How can the student ach Knowledge Practical 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be	Personal and Professional lieve their goals? (Tick relevant boxes) Personal and Professional reviewed? Date: / / evelopment Action Plan which has been discussed and ator and I understand I am responsible for informing my
Options: How can the student ach Knowledge Practical 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be agreed with the Paramedic Education and the reason for this Days agreed with the Paramedic Education and the reason for this Days agreed with the Paramedic Education and the reason for this Days agreed with the Paramedic Education and the reason for this Days agreed with the Paramedic Education and the reason for this Days agreed with the Paramedic Education and the reason for this Days agreed with the Paramedic Education and the reason for this Days agreed with the Paramedic Education and the reason for this Days agreed with the Paramedic Education and the reason for this Days agreed with the Paramedic Education and the reason for this Days agreed with the Paramedic Education and the reason for this Days agreed with the Paramedic Education and the reason for this Days agreed with the Paramedic Education and the reason for this Days agreed with the Paramedic Education and the reason for this Days agreed with the Paramedic Education and the reason for this Days agreed with the Paramedic Education and the reason for this Days agreed with the Paramedic Education and the reason for this Days agreed with the Paramedic Education and the reason for this Days agreed with the Paramedic Education and the reason for the parameter and the reason for the parameter and	Personal and Professional lieve their goals? (Tick relevant boxes) Personal and Professional reviewed? Date: / / evelopment Action Plan which has been discussed and ator and I understand I am responsible for informing my
Options: How can the student ach Knowledge Practical 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be agreed with the Paramedic Educate EEAST and university course tuto Student Signature:	Personal and Professional lieve their goals? (Tick relevant boxes) Personal and Professional reviewed? Date: / / evelopment Action Plan which has been discussed and ator and I understand I am responsible for informing my ors. Date: / /
Options: How can the student ach Knowledge Practical 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be agreed with the Paramedic Educate EEAST and university course tuto	Personal and Professional lieve their goals? (Tick relevant boxes) Personal and Professional reviewed? Date: / / evelopment Action Plan which has been discussed and ator and I understand I am responsible for informing my ors. Date: / /

Reality: What	are the issues/problems?	? (Tick relevant boxes)	
Knowledge	Practical	Personal and Professional	
Options: How	<u>ca</u> n the student achieve t	their goals? (Tick relevant boxes)	
Knowledge	Practical	Personal and Professional	
1.			
2.			
3.			
4.			
Additional Co	mments -		
\\/han\\\/ill: \\/	hen will this plan be revie	wed? Date: /	/
VVIIGII/VVIII. VV	nen will this plan be revie	wed: Date. /	/
Lunderstand	the reason for this Develo	pment Action Plan which has been dis	scussed and
		nd I understand I am responsible for ir	
_	iniversity course tutors.	·	3 ,
Student Signa	<u> </u>	Date: /	/
9			
A copy of this	has been sent to the Link	k Lecturer/Course Leader	
Paramedic E	ducator (PEd) Name	PEd Signature	e :
Reality: What	are the issues/problems?	(Tick relevant hoves)	
•	are the issues/problems?	,	
Knowledge	Practical	Personal and Professional	
Knowledge Options: How	Practical can the student achieve	Personal and Professional their goals? (Tick relevant boxes)	
Knowledge Options: How Knowledge	Practical	Personal and Professional	
Knowledge Options: How Knowledge 1.	Practical can the student achieve	Personal and Professional their goals? (Tick relevant boxes)	
Knowledge Options: How Knowledge 1. 2.	Practical can the student achieve	Personal and Professional their goals? (Tick relevant boxes)	
Knowledge Options: How Knowledge 1. 2. 3.	Practical can the student achieve	Personal and Professional their goals? (Tick relevant boxes)	
Knowledge Options: How Knowledge 1. 2. 3. 4.	Practical can the student achieve	Personal and Professional their goals? (Tick relevant boxes)	
Knowledge Options: How Knowledge 1. 2. 3.	Practical can the student achieve	Personal and Professional their goals? (Tick relevant boxes)	
Knowledge Options: How Knowledge 1. 2. 3. 4.	Practical can the student achieve	Personal and Professional their goals? (Tick relevant boxes)	
Knowledge Options: How Knowledge 1. 2. 3. 4.	Practical can the student achieve	Personal and Professional their goals? (Tick relevant boxes)	
Knowledge Options: How Knowledge 1. 2. 3. 4. Additional Co	Practical can the student achieve to Practical mments -	Personal and Professional their goals? (Tick relevant boxes) Personal and Professional	
Knowledge Options: How Knowledge 1. 2. 3. 4. Additional Co	Practical can the student achieve	Personal and Professional their goals? (Tick relevant boxes) Personal and Professional	
Knowledge Options: How Knowledge 1. 2. 3. 4. Additional Co	Practical can the student achieve Practical mments -	Personal and Professional their goals? (Tick relevant boxes) Personal and Professional	/ scussed and
Knowledge Options: How Knowledge 1. 2. 3. 4. Additional Co When/Will: W	Practical can the student achieve Practical mments - then will this plan be revie the reason for this Develo	Personal and Professional their goals? (Tick relevant boxes) Personal and Professional wed? Date: /	
Knowledge Options: How Knowledge 1. 2. 3. 4. Additional Co	Practical can the student achieve Practical mments - then will this plan be revie the reason for this Develo	Personal and Professional their goals? (Tick relevant boxes) Personal and Professional wed? Date: /	
Knowledge Options: How Knowledge 1. 2. 3. 4. Additional Co	Practical rean the student achieve in Practical Practical Practical Practical Practical Practical Practical Practical	Personal and Professional their goals? (Tick relevant boxes) Personal and Professional wed? Date: /	
Knowledge Options: How Knowledge 1. 2. 3. 4. Additional Co When/Will: W I understand agreed with the EEAST and the Student Signs	Practical can the student achieve practical Practical mments - then will this plan be reviet presented by the reason for this Develope Paramedic Educator and iniversity course tutors. ature:	Personal and Professional their goals? (Tick relevant boxes) Personal and Professional wed? Date: / pment Action Plan which has been dis and I understand I am responsible for in Date: /	
Knowledge Options: How Knowledge 1. 2. 3. 4. Additional Co When/Will: W I understand agreed with the EEAST and the Student Signal A copy of this	Practical can the student achieve practical Practical mments - then will this plan be reviet presented by the reason for this Develope Paramedic Educator and iniversity course tutors. ature:	Personal and Professional their goals? (Tick relevant boxes) Personal and Professional wed? Date: pment Action Plan which has been dis nd I understand I am responsible for in	nforming my

cannulation appropriate to the situation and aseptic technique. Minimum stand	on. This					
Formative						
Assessed level: Student						
Assessed level: PEd						
Date						
PEd Name						
PEd Sign						
Formative						
Assessed level: Student						
Assessed level: PEd						
Date						
PEd Name						
PEd Sign						
Summative						
Assessed level: Student						
Assessed level: PEd						
Date						
PEd Name						
PEd Sign						
		- : 1 1 1 1 1				
Reality: What are the issues/prob		•		1		
Knowledge Practic	al	Personal ar	nd Professi			
Coptions: How can the student ac	al hieve th	Personal ar eir goals? (Tick relev	nd Professivant boxes))		
Coptions: How can the student ac Knowledge Practical	al hieve th	Personal ar	nd Professivant boxes))		
Knowledge Practice Options: How can the student ac Knowledge Practice 1.	al hieve th	Personal ar eir goals? (Tick relev	nd Professivant boxes))		
Knowledge Practice Options: How can the student ac Knowledge Practice 1. 2.	al hieve th	Personal ar eir goals? (Tick relev	nd Professivant boxes))		
Knowledge Practice Options: How can the student ac Knowledge Practice 1. 2. 3.	al hieve th	Personal ar eir goals? (Tick relev	nd Professivant boxes))		
Knowledge Practice Options: How can the student ac Knowledge Practice 1. 2. 3. 4.	al hieve th	Personal ar eir goals? (Tick relev	nd Professivant boxes))		
Knowledge Practice Options: How can the student ac Knowledge Practice 1. 2. 3.	al hieve th	Personal ar eir goals? (Tick relev	nd Professivant boxes))		
Knowledge Practice Options: How can the student ac Knowledge Practice 1. 2. 3. 4.	al hieve th	Personal ar eir goals? (Tick relev	nd Professivant boxes))		
Knowledge Practice Options: How can the student ac Knowledge Practice 1. 2. 3. 4.	al hieve th	Personal ar eir goals? (Tick relev	nd Professivant boxes))		
Knowledge Practical Options: How can the student action Knowledge Practical 1. 2. 3. 4. Additional Comments -	al hieve th al	Personal ar eir goals? (Tick relev Personal ar	nd Professi vant boxes) nd Professi)		
Knowledge Practice Options: How can the student ac Knowledge Practice 1. 2. 3. 4.	al hieve th al	Personal ar eir goals? (Tick relev Personal ar	nd Professivant boxes))		,
Knowledge Practice Options: How can the student ac Knowledge Practice 1. 2. 3. 4. Additional Comments -	hieve th	Personal ar eir goals? (Tick relev Personal ar	nd Professional Pr	onal /	/cussed a	ınd
Knowledge Practical Options: How can the student action Knowledge Practical 1. 2. 3. 4. Additional Comments -	hieve th	Personal areir goals? (Tick relevent Personal areir goals?) Personal areir goals? Personal areir goals? Densonal areir goals?	nd Professional Pr	onal / en disc		
Coptions: How can the student action of the	e review Developerator and	Personal areir goals? (Tick relevent Personal areir goals?) Personal areir goals? Personal areir goals? Densonal areir goals?	nd Professional Pr	onal / en disc		
Options: How can the student ac Knowledge Practical 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be agreed with the Paramedic Educe	e review Developerator and	Personal areir goals? (Tick releved Personal areir goals?) Personal areir goals? Personal areir goals? Personal areir goals? Personal areir goals.	nd Professional Pr	onal / en disc		
Options: How can the student ac Knowledge Practice 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be agreed with the Paramedic Educ EEAST and university course tute Student Signature:	e review Developerator and	Personal areir goals? (Tick releved Personal areir goals? Personal areir goals? Personal areir goals? Personal areir goals? Personal areir goals.	nd Professional Pr	onal / en disc		
Options: How can the student ac Knowledge Practical 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be agreed with the Paramedic Educ EEAST and university course tute	e review Developerator and ors.	Personal areir goals? (Tick releved Personal areir goals? Personal areir goals? Personal areir goals? Personal areir goals? Personal areir goals.	nd Professional Pr	onal / en disc for info		

Reality: What are			ant boxes)	_	_
Knowledge	Practical		Personal and Profes	sional	
Options: How ca	n the student achiev	<u>re t</u> heir goals?	' (Tick relevant boxe	es) _	_
Knowledge	Practical		Personal and Profes	sional	
1.					
2.					
3.					
4.					
Additional Comm	nents -				
\\/h a = /\\/ill \\/h a =	م ما معام مامه النبيد	riaal?	Doto		1
vvnen/vviii: vvner	n will this plan be rev	newea?	Date:	/	/
Lunderstand the	reason for this Deve	elopment Acti	on Plan which has b	een discu	ssed and
	Paramedic Educator	•			
•	ersity course tutors.				3 ,
Student Signatur	<u> </u>		Date:	/	/
				·	·
A copy of this ha	s been sent to the L	ink Lecturer/C	Course Leader		
Paramedic Educ	ator (PEd) Name		PEd Si	gnature:	
Reality: What are	a the issues/problem	s? (Tick relev	vant hoves)		
-	e the issues/problem			esional	7
Knowledge	Practical		Personal and Profes	_	
Knowledge Options: How ca	Practical n the student achiever	<u> </u>	Personal and Profes Officer (Tick relevant boxe)	es)	
Options: How ca Knowledge	Practical	<u> </u>	Personal and Profes	es)	
Options: How ca Knowledge	Practical n the student achiever	<u> </u>	Personal and Profes Officer (Tick relevant boxe)	es)	
Options: How ca Knowledge 1. 2.	Practical n the student achiever	<u> </u>	Personal and Profes Officer (Tick relevant boxe)	es)	
Options: How ca Knowledge 1. 2. 3.	Practical n the student achiever	<u> </u>	Personal and Profes Officer (Tick relevant boxe)	es)	
Coptions: How can knowledge 1. 2. 3. 4.	Practical n the student achiev Practical	<u> </u>	Personal and Profes (Tick relevant boxe	es)	
Options: How ca Knowledge 1. 2. 3.	Practical n the student achiev Practical	<u> </u>	Personal and Profes (Tick relevant boxe	es)	
Coptions: How can knowledge 1. 2. 3. 4.	Practical n the student achiev Practical	<u> </u>	Personal and Profes (Tick relevant boxe	es)	
Coptions: How can knowledge 1. 2. 3. 4.	Practical n the student achiev Practical	<u> </u>	Personal and Profes (Tick relevant boxe	es)	
Coptions: How can Knowledge 1. 2. 3. 4. Additional Comm	Practical n the student achiev Practical	re their goals?	Personal and Profes (Tick relevant boxe	es)	
Options: How can Knowledge 1. 2. 3. 4. Additional Comm	Practical n the student achiev Practical nents -	re their goals?	Personal and Profes (Tick relevant boxe Personal and Profes Date:	es) esional	
Options: How can Knowledge 1. 2. 3. 4. Additional Comm When/Will: When	Practical n the student achiev Practical enemts - n will this plan be revereason for this Deve	viewed?	Personal and Profes (Tick relevant boxe Personal and Profes Date:	es) ssional /	
Options: How can Knowledge 1. 2. 3. 4. Additional Comm When/Will: When	Practical n the student achiev Practical nents -	viewed?	Personal and Profes (Tick relevant boxe Personal and Profes Date:	es) ssional /	
Options: How can Knowledge 1. 2. 3. 4. Additional Comm When/Will: When I understand the agreed with the I	Practical n the student achiev Practical enemts - n will this plan be revereason for this Deve	viewed?	Personal and Profes (Tick relevant boxe Personal and Profes Date:	es) ssional /	
Options: How can Knowledge 1. 2. 3. 4. Additional Comm When/Will: When I understand the agreed with the I	Practical In the student achiever Practical Practical Practical	viewed?	Personal and Profes (Tick relevant boxe Personal and Profes Date:	es) ssional /	
Options: How can Knowledge 1. 2. 3. 4. Additional Comm When/Will: When I understand the agreed with the I EEAST and univents Student Signature.	Practical In the student achiever Practical Practical Practical Practical Practical Practical Practical Practical	viewed?	Personal and Profes (Tick relevant boxe Personal and Profes Date: Date: Date: Date:	es) ssional /	
Options: How can Knowledge 1. 2. 3. 4. Additional Community When/Will: When agreed with the lagreed with t	Practical In the student achiever Practical Practical Practical	viewed?	Personal and Profes (Tick relevant boxe Personal and Profes Date: Date: Date: Date: Course Leader	es) ssional /	

37. Intravenous Infusion: Perform I preparation of IV infusion appropriate				
Healthcare products Regulatory Agen				
with correct fluid, attaching giving	,	•	•	
securing IV line and running fluid ac			-	
	· ·	•		·
Formative				
Assessed level: Student				
Assessed level: PEd				
Date				
PEd Name				
PEd Sign				
Formative				
Assessed level: Student				
Assessed level: PEd				
Date				
PEd Name				
PEd Sign				
Summative				
Assessed level: Student				
Assessed level: PEd				
Date				
PEd Name				
PEd Sign				
Daalita Milataa tha isawa kanalan	O /T: - I			
Reality: What are the issues/problen	ns? (TICK I	•		
Knowledge Practical		Personal and P		
Options: How can the student achiev	ve their go			
Knowledge Practical		Personal and P	roressionai	
1.				
2.				
3.				
4.				
Additional Comments -				
When/Will: When will this plan be re	viewed?	Date:	/	/
I understand the reason for this Dev	elopment	Action Plan which	has been dis	scussed and
agreed with the Paramedic Educator	•			
EEAST and university course tutors.				
Student Signature:		Date	. /	1
		Date		,
A copy of this has been sent to the L	ink Lectur	er/Course Leader		
Paramedic Educator (PEd) Name		PE	Ed Signature):

	ck relevant boxes)	
Knowledge Practical	Personal and Professional	
Options: How can the student achieve their	goals? (Tick relevant boxes)	
Knowledge Practical	Personal and Professional	Ш
1.		
2.		
3.		
4.		
Additional Comments -		
When/Will: When will this plan be reviewed?	? Date: /	/
I understand the reason for this Developme	ent Action Plan which has been dis	scussed and
agreed with the Paramedic Educator and I u	understand I am responsible for ir	nforming my
EEAST and university course tutors.		
Student Signature:	Date: /	/
A copy of this has been sent to the Link Led	cturer/Course Leader	
Paramedic Educator (PEd) Name	PEd Signature) :
Deality What are the increase in religions 2 (Ties		
Reality: What are the issues/problems? (Ticknowledge	·	
Knowledge Practical	Personal and Professional	
Coptions: How can the student achieve their	Personal and Professional goals? (Tick relevant boxes)	
Knowledge Practical	Personal and Professional	
Knowledge Practical Options: How can the student achieve their Knowledge Practical	Personal and Professional goals? (Tick relevant boxes)	
Knowledge Practical Options: How can the student achieve their Knowledge Practical 1.	Personal and Professional goals? (Tick relevant boxes)	
Knowledge Practical Options: How can the student achieve their Knowledge Practical 1. 2. 3. 4.	Personal and Professional goals? (Tick relevant boxes)	
Knowledge Practical Options: How can the student achieve their Knowledge Practical 1. 2. 3.	Personal and Professional goals? (Tick relevant boxes)	
Knowledge Practical Options: How can the student achieve their Knowledge Practical 1. 2. 3. 4.	Personal and Professional goals? (Tick relevant boxes)	
Knowledge Practical Options: How can the student achieve their Knowledge Practical 1. 2. 3. 4.	Personal and Professional goals? (Tick relevant boxes) Personal and Professional	
Coptions: How can the student achieve their Knowledge Practical 1. 2. 3. 4. Additional Comments -	Personal and Professional goals? (Tick relevant boxes) Personal and Professional ? Date: /	/ scussed and
Options: How can the student achieve their Knowledge Practical 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be reviewed? I understand the reason for this Developme agreed with the Paramedic Educator and I understand	Personal and Professional goals? (Tick relevant boxes) Personal and Professional ? Date: /	
Coptions: How can the student achieve their Knowledge Practical 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be reviewed? I understand the reason for this Developme agreed with the Paramedic Educator and I understand university course tutors.	Personal and Professional goals? (Tick relevant boxes) Personal and Professional ? Date: / ent Action Plan which has been disunderstand I am responsible for in	
Options: How can the student achieve their Knowledge Practical 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be reviewed? I understand the reason for this Developme agreed with the Paramedic Educator and I understand	Personal and Professional goals? (Tick relevant boxes) Personal and Professional ? Date: /	
Coptions: How can the student achieve their Knowledge Practical 1. 2. 3. 4. Additional Comments - When/Will: When will this plan be reviewed? I understand the reason for this Developme agreed with the Paramedic Educator and I understand university course tutors.	Personal and Professional goals? (Tick relevant boxes) Personal and Professional ? Date: / ent Action Plan which has been disunderstand I am responsible for in Date: /	nforming my /

•		its must demonstrate the appropriate of	•
•		ourns care. This will require an underst	•
		ssment. This should include a select	_
_		of aseptic techniques (this may include	use of steri-strips
and adhesive glue). Minimum standa	ard = Ir	ndependent	
Formative			
Assessed level: Student			
Assessed level: PEd			
Date			
PEd Name			
PEd Sign			
Formative			
Assessed level: Student			
Assessed level: PEd			
Date			
PEd Name			
PEd Sign			
Summative			
Assessed level: Student			
Assessed level: PEd			
Date			
PEd Name			
PEd Sign			
Reality: What are the issues/probl	ems?	(Tick relevant boxes)	
Knowledge Practica		Personal and Professional	
Options: How can the student ach	iev <u>e t</u>	heir goals? (Tick relevant boxes)	
Knowledge Practica		Personal and Professional	
1.			
2.			
3.			
4.			
Additional Comments -			
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	#0\dia\	uada Data: /	1
When/Will: When will this plan be	reviev	ved? Date: /	/
I understand the reason for this D	evelor	oment Action Plan which has been d	scussed and
	•	d I understand I am responsible for i	
EEAST and university course tuto			
Student Signature:		Date: /	/
	ا ما ا		,
A copy of this has been sent to the	e Link		
Paramedic Educator (PEd) Name		PEd Signatur	e:

Reality: What are the issues/problems	? (Tick relevant boxes)
Knowledge Practical	Personal and Professional
Options: How can the student achieve	their goals? (Tick relevant boxes)
Knowledge Practical	Personal and Professional
1.	
2.	
3.	
4.	
Additional Comments -	
When/Will: When will this plan be revie	ewed? Date: / /
I understand the reason for this Develo	pment Action Plan which has been discussed and
agreed with the Paramedic Educator a	nd I understand I am responsible for informing my
EEAST and university course tutors.	
Student Signature:	Date: / /
A copy of this has been sent to the Lin	k Lecturer/Course Leader
Paramedic Educator (PEd) Name	PEd Signature:
Reality: What are the issues/problems	
Knowledge Practical Practical	Personal and Professional
Options: How can the student achieve	
Knowledge Practical	Personal and Professional
1.	
2. 3.	
3. 4.	
Additional Comments -	
Additional Comments -	
When/Will: When will this plan be revie	
I understand the reason for this Develo	ppment Action Plan which has been discussed and
I understand the reason for this Develor agreed with the Paramedic Educator a	
I understand the reason for this Develo	ppment Action Plan which has been discussed and
I understand the reason for this Develor agreed with the Paramedic Educator a EEAST and university course tutors. Student Signature:	opment Action Plan which has been discussed and and I understand I am responsible for informing my Date: / /
I understand the reason for this Develor agreed with the Paramedic Educator a EEAST and university course tutors.	opment Action Plan which has been discussed and and I understand I am responsible for informing my Date: / /

39. Cervical Spinal Care and Imm					
accurate handling of patients with s	•	•			
could include patient positioning, ma		-	•		
use, crash helmet removal, or	-	retcher, r	escue board	i, standa	rd and rapid
extrication. Minimum standard = Ind	dependent				
Formative					
Assessed level: Student					
Assessed level: PEd					
Date					
PEd Name					
PEd Sign					
Formative					
Assessed level: Student					
Assessed level: Student					
Date					
PEd Name					
PEd Sign					
Summative					
Assessed level: Student					
Assessed level: PEd					
Date					
PEd Name					
PEd Sign					
Reality: What are the issues/problem	ems? (Tick r	elevant bo	xes)		
Knowledge Practica	,		al and Profes	ssional	
Options: How can the student ach					
Knowledge Practica		•	al and Profes	•	
1.	·	1 010011		oloriai [
2.					
3.					
4.					
Additional Comments -					
Additional Comments					
When/Will: When will this plan be	reviewed?		Date:	/	/
I understand the reason for this D	•				
agreed with the Paramedic Educa		erstand I a	ım responsib	ole for info	orming my
EEAST and university course tuto	rs.				
Student Signature:			Date:	/	/
A copy of this has been sent to the	e Link Lectur	er/Course	Leader		
Paramedic Educator (PEd) Name			PEd Si	ignature:	

Reality: What are the issues/problems	? (Tick relevant boxes)
Knowledge Practical	Personal and Professional
Options: How can the student achieve	their goals? (Tick relevant boxes)
Knowledge Practical	Personal and Professional
1.	
2.	
3.	
4.	
Additional Comments -	
When/Will: When will this plan be revie	wed? Date: / /
	pment Action Plan which has been discussed and
_	nd I understand I am responsible for informing my
EEAST and university course tutors.	
Student Signature:	Date: / /
A copy of this has been sent to the Lin	k Lecturer/Course Leader
Paramedic Educator (PEd) Name	PEd Signature:
Reality: What are the issues/problems	,
Knowledge Practical Practical	Personal and Professional
Options: How can the student achieve	
Knowledge Practical	Personal and Professional
1. 2.	
3.	
4.	
Additional Comments -	
Additional Comments	
When/Will: When will this plan be revie	
I understand the reason for this Develo	pment Action Plan which has been discussed and
I understand the reason for this Develor agreed with the Paramedic Educator a	
I understand the reason for this Develor agreed with the Paramedic Educator a EEAST and university course tutors.	opment Action Plan which has been discussed and nd I understand I am responsible for informing my
I understand the reason for this Develor agreed with the Paramedic Educator a EEAST and university course tutors. Student Signature:	opment Action Plan which has been discussed and and I understand I am responsible for informing my Date: / /
I understand the reason for this Develor agreed with the Paramedic Educator a EEAST and university course tutors.	opment Action Plan which has been discussed and and I understand I am responsible for informing my Date: / /

40. Fractures including Splinting	•			•		
application and use of splints, tract	. •	•				•
may include associated straps (Fra		-			-	
They will also demonstrate limb ass		•		•	circula	tory compromise
and appropriate pain management.	Minimum s	standard =	Independe	ent		
Formative						
Assessed level: Student						
Assessed level: PEd						
Date						
PEd Name						
PEd Sign						
Formative						
Assessed level: Student						
Assessed level: PEd						
Date						
PEd Name						
PEd Sign						
Summative						
Assessed level: Student						
Assessed level: PEd						
Date						
PEd Name						
PEd Sign						
Reality: What are the issues/probl	ems? (Tid	ck relevar	nt boxes)			
Knowledge Practica	,		rsonal an	d Profess	sional	
Options: How can the student ach	ieve their	goals? (Tick relev	ant boxes	<u> </u>	
Knowledge Practica			rsonal an			
1.						
2.						
3.						
4.						
Additional Comments -						
Additional Commonts						
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		0	D.	-1		
When/Will: When will this plan be	reviewed	•	Da	ate:	/	/
I understand the reason for this De	evelopme	ent Action	Plan whi	ch has be	en dis	cussed and
agreed with the Paramedic Educa	•					
EEAST and university course tuto						
Student Signature:			D	ate:	1	/
A copy of this has been sent to the	a Link Lo	cturer/Co				
		clurei/C0	urse Leac		noturo	
Paramedic Educator (PEd) Name				PEd Sig	nature	•

Reality: What are	e the issues/problem <u>s</u>	<u>s?</u> (Tick relevant bo	exes)	_	_
Knowledge	Practical	Person	al and Profe	ssional	
Options: How ca	n the student achieve	their goals? (Tick	relevant box	es)	
Knowledge	Practical	Person	al and Profe	ssional	
1.					
2.					
3.					
4.					
Additional Comm	nents -				
\\/\b \\\\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\	مراجع ما معامل النبيد	avva dO	Doto		/
vvnen/vviii: vvner	n will this plan be revi	eweu?	Date:	/	/
I understand the	reason for this Devel	opment Action Pla	n which has l	been discus	ssed and
	Paramedic Educator a	•			
_	ersity course tutors.		э		9,
Student Signatur			Date:		/
Otacont Oignata			Date.	,	,
A copy of this ha	s been sent to the Lir	nk Lecturer/Course	Leader		
Paramedic Educ	ator (PEd) Name		PEd S	ignature:	
Doolity What are	a tha iaguaa/arablama	2 /Tiple relevant he	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
-	e the issues/problems				7
Knowledge	Practical _		al and Profe		
-	n the student achieve	-			7
Knowledge	Practical _	Person	al and Profe	ssional	
1.					
2.					
3.					
4.					
Additional Comm	nents -				
When/Will: Wher	n will this plan be revi	ewed?	Date:		
TVIIOII, VVIII. VVIIOI	Trum and plan 50 form		Dato.	,	,
I understand the	reason for this Devel	opment Action Plan	n which has l	been discus	ssed and
agreed with the I	Paramedic Educator a	and I understand I	am responsil	ole for infor	ming my
EEAST and univ	ersity course tutors.		·		
Student Signatur	-		Date:	1	1
	re:		Date.	,	/
				, 	,
A copy of this ha	re: is been sent to the Lir	nk Lecturer/Course		,	,
When/Mill: Mher	n will this plan he revi	ewed?	Date:	1	1
Mhon Mill: Mhor	o will this plan bo rovi	owod?	Date:		
When/Will: Wher	n will this plan be revi	ewed?	Date:	1	1
I understand the	reason for this Devel	opment Action Pla	n which has l	been discus	ssed and
_		and I understand I	am responsik	ole for infor	ming my
	-		D-/-	,	
Student Signatul	ro.				
				,	/
A copy of this ha		nk Lecturer/Course		,	,
		nk Lecturer/Course	Leader	ignature:	

	_	Students must demonstrate the appropriate removal of
1 .		d/or hospital. This may include rescue equipment, patient
1.		ransport i.e. HEMS. In addition students will have a full
	•	t and the importance of understanding disease and illness
pathophysiology when supporting pa	tients i	in the most appropriate position. Minimum standard = IND
Farmative		
Formative		
Assessed level: Student		
Assessed level: PEd		
Date		
PEd Name		
PEd Sign		
Formative		
Assessed level: Student		
Assessed level: PEd		
Date		
PEd Name		
PEd Sign		
Summative		
Assessed level: Student		
Assessed level: PEd		
Date		
PEd Name		
PEd Sign		
Reality: What are the issues/probl	em <u>s?</u>	(Tick relevant boxes)
Knowledge Practica	I	Personal and Professional
Options: How can the student ach	iev <u>e t</u>	heir goals? (Tick relevant boxes)
Knowledge Practica	I	Personal and Professional
1.		
2.		
3.		
4.		
Additional Comments -		
When/Will: When will this plan be	reviev	wed? Date: / /
I understand the reason for this D	evelor	pment Action Plan which has been discussed and
	•	nd I understand I am responsible for informing my
agreed with the Paramedic Educa		, ,
EEAST and university course tuto	rs.	
	rs.	Date: / /
EEAST and university course tuto		

Reality. What are	the issues/problems:	(Tick relevant boxes)	
Knowledge	Practical	Personal and Professional	
Options: How ca	n the student achiev <u>e t</u>	their goals? (Tick relevant boxes)	
Knowledge	Practical	Personal and Professional	
1. 2. 3. 4.			
Additional Comm	nents -		
When/Will: Wher	n will this plan be review	wed? Date: /	/
agreed with the F		pment Action Plan which has been dis nd I understand I am responsible for in	
Student Signatur	e:	Date: /	/
A copy of this ha	s been sent to the Link	Lecturer/Course Leader	
Paramedic Educ	ator (PEd) Name	PEd Signature:	
Reality: What are	e the issues/problems?	(Tick relevant boxes)	_
Reality: What are Knowledge	e the issues/problems? Practical	(Tick relevant boxes) Personal and Professional	
Knowledge	Practical		
Knowledge	Practical	Personal and Professional	
Knowledge Options: How ca	Practical n the student achieve t Practical	Personal and Professional their goals? (Tick relevant boxes)	
Coptions: How can Knowledge 1. 2. 3. 4. Additional Comm	Practical n the student achieve t Practical	Personal and Professional their goals? (Tick relevant boxes) Personal and Professional	
Coptions: How can Knowledge 1. 2. 3. 4. Additional Comm When/Will: When I understand the agreed with the I	Practical n the student achieve to Practical nents - nents - nents reason for this Develop	Personal and Professional their goals? (Tick relevant boxes) Personal and Professional	
Coptions: How can Knowledge 1. 2. 3. 4. Additional Comm When/Will: When I understand the agreed with the I	Practical n the student achieve to Practical nents - nents - reason for this Developeramedic Educator are ersity course tutors.	Personal and Professional their goals? (Tick relevant boxes) Personal and Professional wed? Date: / pment Action Plan which has been dis	
Options: How ca Knowledge 1. 2. 3. 4. Additional Comm When/Will: When I understand the agreed with the REAST and univ Student Signatur A copy of this ha	Practical n the student achieve to Practical nents - nents - reason for this Developeramedic Educator are ersity course tutors.	Personal and Professional their goals? (Tick relevant boxes) Personal and Professional wed? Date: / pment Action Plan which has been dis nd I understand I am responsible for inf	forming my /

42. Clinical Decision Making – In	•	•			
sound clinical decision making. E	•			•	•
STEMI, Stroke, TIA, Sepsis, AAA,		•	_		
options for non-time-critical patients		•		=	-
'safety-netting'. They're decisions v	-		-		n with other
HCP's. All Trust pathways will be ac	inerea to	. Minimum Standard =	: maepena	eni	
Formative					
Assessed level: Student					
Assessed level: PEd					
Date					
PEd Name					
PEd Sign					
Formative					
Assessed level: Student					
Assessed level: PEd					
Date					
PEd Name					
PEd Sign					
Summative					
Assessed level: Student					
Assessed level: PEd					
Date					
PEd Name					
PEd Sign					
Deal's Miles and deal and deal	0 /7	".ll(l)			
Reality: What are the issues/probl	,	•		. \Box	
Knowledge Practica		Personal and			
Options: How can the student ach		•	,		
Knowledge Practica	l	Personal and	d Professi	onal	
1.					
2.					
3.					
4.					
Additional Comments -					
When/Will: When will this plan be	reviewe	d? Da		1	1
Trion, Triii. Triion Will tine plan 50	10110110	.		,	,
I understand the reason for this D	evelopm	ent Action Plan which	ch has bee	en discuss	ed and
agreed with the Paramedic Educa	tor and	I understand I am re	sponsible	for inform	ing my
EEAST and university course tuto	rs.				
Student Signature:		Da	ate:	1	1
A copy of this has been sent to the	e Link L	ecturer/Course Lead	er		
Paramedic Educator (PEd) Name		cotaron course Ecaa	PEd Sign	ature.	
. Gramodio Eddoctor (i Ed) Maine			. La Oigii	ataio.	

rtoanty. What are	e the issues/problem	(π σολου,	_	_
Knowledge	Practical	Pe	rsonal and Profes	sional	
Options: How ca	n the student achiev	<u>e t</u> heir goals? (Tick relevant boxe	es)	
Knowledge	Practical	Pe	rsonal and Profes	sional	
1.					
2.					
3.					
4.					
Additional Comm	nents -				
\\/\b \\\\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\	معرف ما معرف النبيد	via.vva dO	Doto	1	
vvnen/vviii: vvnei	n will this plan be rev	newea?	Date:	/	/
I understand the	reason for this Deve	elopment Action	Plan which has b	een discu	ssed and
	Paramedic Educator	•			
•	ersity course tutors.				3 ,
Student Signatur	-		Date:	1	
				·	·
A copy of this ha	is been sent to the L	ink Lecturer/Co	urse Leader		
Paramedic Educ	ator (PEd) Name		PEd Si	gnature:	
Poolity: What are	a tha issues/problem	us? (Tick rolovar	at boyos)		
=	e the issues/problem	•		rsional	
Knowledge	Practical	Pe	rsonal and Profes	_	
Knowledge Options: How ca	Practical n the student achiever	Pe re their goals? (rsonal and Profes	es)]
Options: How ca	Practical	Pe re their goals? (rsonal and Profes	es)	
Options: How ca Knowledge	Practical n the student achiever	Pe re their goals? (rsonal and Profes	es)	
Options: How can Knowledge 1. 2.	Practical n the student achiever	Pe re their goals? (rsonal and Profes	es)	
Options: How ca Knowledge 1. 2. 3.	Practical n the student achiever	Pe re their goals? (rsonal and Profes	es)	
Coptions: How can knowledge 1. 2. 3. 4.	Practical In the student achiev Practical	Pe re their goals? (rsonal and Profes	es)	
Options: How ca Knowledge 1. 2. 3.	Practical In the student achiev Practical	Pe re their goals? (rsonal and Profes	es)	
Coptions: How can knowledge 1. 2. 3. 4.	Practical In the student achiev Practical	Pe re their goals? (rsonal and Profes	es)	
Coptions: How can knowledge 1. 2. 3. 4.	Practical In the student achiev Practical	Pe re their goals? (rsonal and Profes	es)	
Coptions: How can knowledge 1. 2. 3. 4. Additional Comm	Practical In the student achiev Practical nents -	Pe their goals? (rsonal and Profes	es)	
Options: How can Knowledge 1. 2. 3. 4. Additional Comm	Practical In the student achiev Practical nents -	Pe their goals? (rsonal and Profes Tick relevant boxe rsonal and Profes Date:	es) ssional	
Options: How can Knowledge 1. 2. 3. 4. Additional Comm	Practical In the student achiev Practical nents -	Pe their goals? (rsonal and Profes Tick relevant boxe rsonal and Profes Date:	es) ssional	/ ssed and
Options: How can Knowledge 1. 2. 3. 4. Additional Comm When/Will: When	Practical In the student achiev Practical nents -	Pe their goals? (** Pe viewed? elopment Action	rsonal and Profes Tick relevant boxe rsonal and Profes Date:	es) ssional / peen discu	
Coptions: How can Knowledge 1. 2. 3. 4. Additional Community When/Will: When I understand the agreed with the least term of the standard	Practical In the student achiev Practical Practical reason for this Deve	Pe their goals? (** Pe viewed? elopment Action	rsonal and Profes Tick relevant boxe rsonal and Profes Date:	es) ssional / peen discu	
Coptions: How can Knowledge 1. 2. 3. 4. Additional Community When/Will: When I understand the agreed with the least term of the standard	Practical In the student achiever Practical Practical Practical	Pe their goals? (** Pe viewed? elopment Action	rsonal and Profes Tick relevant boxe rsonal and Profes Date:	es) ssional / peen discu	
Coptions: How can Knowledge 1. 2. 3. 4. Additional Community When/Will: When agreed with the lagreed with the lagreed with the lagreed Student Signature	Practical In the student achiever Practical Practical Practical Practical Practical Practical	re their goals? (Pe viewed? elopment Action and I understar	Date: Plan which has been did am responsible.	es) ssional / peen discu	
Options: How can Knowledge 1. 2. 3. 4. Additional Comm When/Will: When agreed with the lagreed with the lagreed with the lagreed Student Signature A copy of this had	Practical In the student achiever Practical Practical Practical	re their goals? (Pe viewed? elopment Action and I understar	Date: Plan which has bend I am responsiburse Leader	es) ssional / peen discu	

	: Students must identify the correct destination of patients acros	
	situations. This might include heart attack, stroke and traum	
1	ys (also refer to element 46. Clinical Decision Making – Includir	ıg
local Trust Pathways). Minimum sta	andard = Independent	
-	1	
Formative		
Assessed level: Student		
Assessed level: PEd		
Date		
PEd Name		
PEd Sign		
Formative		
Assessed level: Student		
Assessed level: PEd		
Date		
PEd Name		
PEd Sign		
Summative		
Assessed level: Student		
Assessed level: PEd		
Date		
PEd Name		
PEd Sign		
<u> </u>		
Reality: What are the issues/probl	olems? (Tick relevant boxes)	
Knowledge Practica	Personal and Professional	
Options: How can the student ach	hieve their goals? (Tick relevant boxes)	
Knowledge Practica		
1.		
2.		
3.		
4.		
Additional Comments -		
When/Will: When will this plan be	e reviewed? Date: / /	
Lunderstand the reason for this D	Development Action Plan which has been discussed and	
	ator and I understand I am responsible for informing my	
EEAST and university course tuto		
Student Signature:	Date: / /	
A copy of this has been sent to the		
Paramedic Educator (PEd) Name	PEd Signature:	

Reality: What	are the issues/problems?	? (Tick relevant boxes)	
Knowledge	Practical	Personal and Professional	
Options: How	can the student achieve	their goals? (Tick relevant boxes)	
Knowledge	Practical	Personal and Professional	
1.			
2.			
3.			
4.			
Additional Co	mments -		
\\/han\\\/ill: \\/	hen will this plan be revie	ewed? Date: /	1
VVIIGII/VVIII. VV	nen wiii tilis pian be revie	weu! Date. /	,
Lunderstand	the reason for this Develo	ppment Action Plan which has been dis	scussed and
		nd I understand I am responsible for in	
_	iniversity course tutors.	·	3 ,
Student Signa		Date: /	/
<u> </u>			
A copy of this	has been sent to the Linl	k Lecturer/Course Leader	
Paramedic E	ducator (PEd) Name	PEd Signature):
Reality: What	are the issues/problems?	? (Tick relevant hoxes)	1
•	are the issues/problems?	,	
Knowledge	Practical	Personal and Professional	
Knowledge Options: How	Practical can the student achieve	Personal and Professional their goals? (Tick relevant boxes)	
Knowledge Options: How Knowledge	Practical	Personal and Professional	
Knowledge Options: How Knowledge 1.	Practical can the student achieve	Personal and Professional their goals? (Tick relevant boxes)	
Knowledge Options: How Knowledge 1. 2.	Practical can the student achieve	Personal and Professional their goals? (Tick relevant boxes)	
Knowledge Options: How Knowledge 1. 2. 3.	Practical can the student achieve	Personal and Professional their goals? (Tick relevant boxes)	
Knowledge Options: How Knowledge 1. 2. 3. 4.	Practical can the student achieve Practical	Personal and Professional their goals? (Tick relevant boxes)	
Knowledge Options: How Knowledge 1. 2. 3.	Practical can the student achieve Practical	Personal and Professional their goals? (Tick relevant boxes)	
Knowledge Options: How Knowledge 1. 2. 3. 4.	Practical can the student achieve Practical	Personal and Professional their goals? (Tick relevant boxes)	
Knowledge Options: How Knowledge 1. 2. 3. 4.	Practical can the student achieve Practical	Personal and Professional their goals? (Tick relevant boxes)	
Knowledge Options: How Knowledge 1. 2. 3. 4. Additional Co	Practical can the student achieve Practical	Personal and Professional their goals? (Tick relevant boxes) Personal and Professional	
Knowledge Options: How Knowledge 1. 2. 3. 4. Additional Co	Practical can the student achieve Practical mments -	Personal and Professional their goals? (Tick relevant boxes) Personal and Professional ewed? Date: /	
Knowledge Options: How Knowledge 1. 2. 3. 4. Additional Co	Practical rean the student achieve Practical mments - Then will this plan be reviet the reason for this Develor	Personal and Professional their goals? (Tick relevant boxes) Personal and Professional ewed? Date: / ppment Action Plan which has been dis	
Knowledge Options: How Knowledge 1. 2. 3. 4. Additional Co	Practical can the student achieve Practical mments - hen will this plan be revie the reason for this Develo	Personal and Professional their goals? (Tick relevant boxes) Personal and Professional ewed? Date: /	
Knowledge Options: How Knowledge 1. 2. 3. 4. Additional Co	Practical rean the student achieve Practical mments - Then will this plan be reviet the reason for this Develor	Personal and Professional their goals? (Tick relevant boxes) Personal and Professional ewed? Date: / ppment Action Plan which has been dis	
Knowledge Options: How Knowledge 1. 2. 3. 4. Additional Co	Practical rean the student achieve Practical mments - Then will this plan be revie the reason for this Develone Paramedic Educator and iniversity course tutors.	Personal and Professional their goals? (Tick relevant boxes) Personal and Professional ewed? Date: / ppment Action Plan which has been dis	
Knowledge Options: How Knowledge 1. 2. 3. 4. Additional Co When/Will: W I understand agreed with the EEAST and the Student Signs	Practical rean the student achieve Practical mments - Then will this plan be reviet the reason for this Develope Paramedic Educator and iniversity course tutors.	Personal and Professional their goals? (Tick relevant boxes) Personal and Professional ewed? Date: / ppment Action Plan which has been dis nd I understand I am responsible for in Date: /	
Knowledge Options: How Knowledge 1. 2. 3. 4. Additional Co When/Will: W I understand agreed with the EEAST and the Student Signal A copy of this	Practical rean the student achieve Practical mments - Then will this plan be reviet the reason for this Develope Paramedic Educator and iniversity course tutors.	Personal and Professional their goals? (Tick relevant boxes) Personal and Professional ewed? Date: / ppment Action Plan which has been dis nd I understand I am responsible for in	nforming my

44. Patient Handover: Students mu					•
manner. This includes other appr	•	•	•		
workers involved in physical patient					• • •
This may also include pre-alerting tir patient direct to the receiving hospita	•	•	•	WIIISt II	ii ii ai isii wiiii ii ie
patient direct to the receiving hospita	ai. iviii iii ii iui i	standard – mdep	Chacht		
Formative					
Assessed level: Student					
Assessed level: PEd					
Date					
PEd Name					
PEd Sign					
Formative					
Assessed level: Student					
Assessed level: PEd					
Date					
PEd Name					
PEd Sign					
Summative					
Assessed level: Student					
Assessed level: PEd					
Date					
PEd Name					
PEd Sign					
Reality: What are the issues/probl	ems? (Tick	relevant hoves	1		
Knowledge Practica	,	Personal a		onal	
Options: How can the student ach					
Knowledge Practica	_		nd Professi		
1.		1 01001141 4	110 1 1010001	oriai	
2.					
3.					
4.					
Additional Comments -					
. taditional commonto					
When/Will: When will this plan be	reviewed?		Date:	/	/
I understand the reason for this De	evelopmen	Action Plan wh	nich has be	en disc	cussed and
agreed with the Paramedic Educa	•				
EEAST and university course tuto					
Student Signature:			Date:	/	1
A copy of this has been sent to the	e Link Lecti	rer/Course Lea	ıder		
Paramedic Educator (PEd) Name			PEd Sigr	nature:	
(* = 3.) : 3					

Reality: What	<u>are</u> the issues/problen	n <u>s?</u> (Tick rele	evant boxes)	_	_
Knowledge	Practical		Personal and Profess	sional	
Options: How	can the student achie	v <u>e t</u> heir goals	s? (Tick relevant boxe	s) _	
Knowledge	Practical		Personal and Profess	sional	
1.					
2.					
3.					
4.					
Additional Co	mments -				
\\\\hen\\\\ill\\\	hen will this plan be re	viewed?	 Date:	1	1
VVIIGII/VVIII. VV	rien will this plan be re	vieweu:	Date.	,	,
I understand t	he reason for this Dev	elopment Ac	tion Plan which has be	een discu	ssed and
agreed with th	ne Paramedic Educato	r and I under	stand I am responsibl	e for infor	ming my
_	niversity course tutors.		·		0 ,
Student Signa	ature:		Date:	/	/
A copy of this	has been sent to the L	_ink Lecturer,	/Course Leader		
Paramedic Ed	ducator (PEd) Name		PEd Sig	gnature:	
Reality: What	are the issues/problen	ns? (Tick rele	evant boxes)		
Knowledge	Practical		Personal and Profes	sional	
	can the student achiev	ve their goals			
Knowledge	Practical		Personal and Profess	,	
1.	1 1000000				
2.					
3.					
4.					
Additional Co	mments -				
Additional Co					
When/Will: W	hen will this plan be re	viewed?	Date:	/	/
Lundarstand t	the reason for this Day	volonment Ac	tion Plan which has be	oon discu	ccod and
	the reason for this Dev	•			
	ne Paramedic Educato		stand ram responsibl	e ioi illioi	ming my
	niversity course tutors	•	Deter		
Student Signa	iture:		Date:	1	/
A copy of this	has been sent to the I	ink Lecturer	/Course Leader		
. ,	ducator (PEd) Name	2000.017	PEd Sig	nature.	
. aramodio Et	ideator (i La) Harrio		i La Oig	,	

45. Maintain Fitness to Practice: It is HCPC. You will remain professional, p only will you work hard at developing health. You will develop your own practi communities with an understanding of the Independent	ractice your k ice so t	e safely and maintai nowledge and skills that you may respor	n high standard s you will also ind to a wide rang	ls of perso maintain yo ge of indivi	nal conduct. Not our own personal duals, groups and
Formative					
Assessed level: Student					
Assessed level: PEd					
Date					
PEd Name					
PEd Sign					
Formative					
Assessed level: Student					
Assessed level: PEd					
Date					
PEd Name					
PEd Sign					
Summative					
Assessed level: Student					
Assessed level: PEd					
Date					
PEd Name					
PEd Sign					
Reality: What are the issues/probl		,	•		
Knowledge Practica			nal and Profe		
Options: How can the student ach					
Knowledge Practica	I	Persor	nal and Profe	ssional	
1.					
2.					
3.					
4.					
Additional Comments -					
When/Will: When will this plan be	reviev	wed?	Date:	/	/
The part be					
I understand the reason for this De	evelo	pment Action Pla	n which has l	been disc	cussed and
agreed with the Paramedic Educa	tor an	nd I understand I	am responsib	ole for inf	orming my
EEAST and university course tuto	rs.				
Student Signature:			Date:	/	/
A copy of this has been sent to the	e Link	Lecturer/Course	e Leader		
Paramedic Educator (PEd) Name				ignature:	

Reality: What	ale	and lood oo, probler		•			
Knowledge	Ш	Practical	Ш	Perso	nal and Profes	ssional	
Options: How	car	n the student achie	<u>ve t</u>	neir goals? (Tick	relevant boxe	es)	_
Knowledge	Ш	Practical	Ш	Perso	nal and Profes	ssional	
1.							
2.							
3.							
4.							
Additional Co	mm	ents -					
When/Will: W	'hen	will this plan be re	view	ved?	Date:	/	/
I understand	the	reason for this Dev	elop	ment Action Pla	n which has b	een discu	ssed and
agreed with the	ne F	Paramedic Educato	r and	d I understand I	am responsib	le for infor	ming my
EEAST and u	ınive	ersity course tutors					
Student Signa	atur	e:			Date:	/	/
A copy of this	ha	s been sent to the I	Link	Lecturer/Course	e Leader		
Paramedic E	duca	ator (PEd) Name			PEd Si	gnature:	
Reality: What	are	e the issues/probler	<u>ns?</u>	(Tick relevant b	oxes)	_	_
Knowledge		Practical	Ш	Perso	nal and Profes	ssional	
Options: How	car	n the student achie	<u>ve t</u>	neir goals? (Tick	relevant boxe	es)	_
Knowledge	Ш	Practical				lenoiss	
1.			ш	Perso	nal and Profes		
2.3.4.				Perso	nal and Profes	SSIOTIAI _	
3.	mm	ients -		Perso	nal and Profes	SSIONAL	
3. 4. Additional Co		ents - n will this plan be re	view		Date:	/	/
3. 4. Additional Co	/hen	will this plan be re	elop	ved? oment Action Pla	Date: an which has b	/ peen discu	
3. 4. Additional Co	/hen	n will this plan be re	elop	ved? oment Action Pla	Date: an which has b	/ peen discu	
3. 4. Additional Co	/hen the he F	will this plan be re	elop	ved? oment Action Pla	Date: an which has b	/ peen discu	
3. 4. Additional Co	/hen the he F unive	will this plan be re reason for this Dev Paramedic Educato ersity course tutors	elop	ved? oment Action Pla	Date: an which has b	/ peen discu	
3. 4. Additional Co When/Will: W I understand agreed with the EEAST and the Student Signal	the the F unive	will this plan be re reason for this Dev Paramedic Educato ersity course tutors	relop r and	ved? oment Action Pla d I understand I	Date: an which has t am responsib Date:	/ peen discu	

your role as part of the wider multion medical technicians, emergency can carers, social workers and specialis scopes of practice and work collabor Independent	discipli re ass ts in tl	nary tea sistants, heir field	m. You emergend I. You w	will work wi cy care pra Il have an	th parame ctitioners, understan	edics, er doctors ding of	nergency , nurses, individual
Formative							
Assessed level: Student							
Assessed level: PEd							
Date							
PEd Name							
PEd Sign							
Formative							
Assessed level: Student							
Assessed level: PEd							
Date							
PEd Name							
PEd Sign							
Summative							
Assessed level: Student							
Assessed level: PEd							
Date							
PEd Name							
PEd Sign							
Reality: What are the issues/proble	ems?	(Tick re					
Knowledge Practical			Person	al and Prof	essional		
Options: How can the student achi	eve th	neir goa	•		•		
Knowledge Practical			Person	al and Prof	essional		
1.							
2.							
3.							
4.							
Additional Comments -							
When/Will: When will this plan be	review	ved?		Date:	/		/
I understand the reason for this De	evelop	ment A	ction Plar	which has	been dis	scussed	and
agreed with the Paramedic Educat	tor and	d I unde	rstand I a	am respons	ible for in	forming	my
EEAST and university course tutor	s.						
Student Signature:				Date:	/		/
A copy of this has been sent to the	Link	Lecture	r/Course	Leader			
Paramedic Educator (PEd) Name					Signature):	

Reality: What are the issues/problems? (Tick re	nevant boxes)	
Knowledge Practical	Personal and Profession	al
Options: How can the student achieve their goa	als? (Tick relevant boxes)	
Knowledge Practical	Personal and Profession	al
1.		
2.		
3.		
4.		
Additional Comments -		
When/Will: When will this plan be reviewed?	Date: /	
'		
I understand the reason for this Development A	ction Plan which has been	discussed and
agreed with the Paramedic Educator and I under	erstand I am responsible for	r informing my
EEAST and university course tutors.		
Student Signature:	Date: /	1
A copy of this has been sent to the Link Lecture	or/Course Leader	
		ıro:
Paramedic Educator (PEd) Name	PEd Signati	ure.
Reality: What are the issues/problems? (Tick re	<i>'</i>	. \square
Knowledge Practical Practical	Personal and Profession	aı
Options: How can the student achieve their goa	•	. \square
Knowledge Practical	Personal and Profession	al
1.		
(7)		
2.		
3.		
3. 4.		
3.		
3. 4.		
3. 4.		
3. 4.	Date: /	/
3. 4. Additional Comments - When/Will: When will this plan be reviewed?		
3. 4. Additional Comments - When/Will: When will this plan be reviewed? I understand the reason for this Development A	action Plan which has been	
3. 4. Additional Comments - When/Will: When will this plan be reviewed? I understand the reason for this Development A agreed with the Paramedic Educator and I understand I	action Plan which has been	
3. 4. Additional Comments - When/Will: When will this plan be reviewed? I understand the reason for this Development A agreed with the Paramedic Educator and I under EEAST and university course tutors.	action Plan which has been erstand I am responsible fo	
3. 4. Additional Comments - When/Will: When will this plan be reviewed? I understand the reason for this Development A agreed with the Paramedic Educator and I understand I	action Plan which has been	
3. 4. Additional Comments - When/Will: When will this plan be reviewed? I understand the reason for this Development A agreed with the Paramedic Educator and I under EEAST and university course tutors. Student Signature:	action Plan which has been erstand I am responsible for Date: /	
3. 4. Additional Comments - When/Will: When will this plan be reviewed? I understand the reason for this Development A agreed with the Paramedic Educator and I under EEAST and university course tutors.	action Plan which has been erstand I am responsible for Date: /	r informing my

Additional Notes on Practice Elements

Placement Information Sheet YEAR 3 Placement

PLACEMENT INFORMATION:

Practice Area	Placement Dates (start/finish)	PEd/Supervising Clinician	Link Lecturer

NAMED PEd/Supervisor INFORMATION & DECLARATION:

Please be aware that in completing the details below you are confirming that you are up to date in your PEd/Supervisor responsibilities. Should you have any arising concerns please discuss as a priority with your organisations Practice Education Lead.

Named PEd / Supervisor	Signature	Name of Practice Area	Contact details (telephone and/or email)	Date of PEd Prep completed :	Date of annual update:

Details of Associate PEds / Supervising Clinicians:

Each clinician who contributes to the assessment of the student must complete the following details: -

Names of associate PEd(s)/Supervisor(s)	Signature:	Name of Practice Area:	Contact details: (telephone and/or email)	Date(s)

Please note - This information must be comprehensively completed. Documents which are incomplete will not be accepted for submission.

PLACEMENT MEETINGS

First Meeting Comments (agree an action plan)		
Mid-Way Meeting Comments (review any devel	opment plans and discuss concerns – Link lecturer sk	ype tutorial if required)
	•	. ,
Final Meeting (summarise placement, discuss	summative assessment of practice elements)	
PEd Name:	PEd Signature:	Date:
Student Name:	Student Signature:	Date:

University of Suffolk

Department of Health Sciences – Paramedic Science Placement completion information – Allocations

This form is to be submitted by the student concerned to the Allocations office within five working days of completing each placement. (please copy & recommended to keep a copy for yourself)

The weekly record of hours overleaf must be completed

Name of Student:		
Cohort:	Field of Study: Paramedic Science	Site:
Full Placement Name(including Tru	ust title):	
Placement Type:		
Date started placement:		
Date ended placement:		
Number of nights (from weekly re-	cord overleaf) worked in this place	ment:
Please List All Dates of Sickness/Al	bsence/Special Leave (from weekly	record overleaf) :
No. of the confidence of the c		
Number of individual absence eve		- ul f\.
A. Hours of absence due	to sickness(from weekly record ov	erieat):
B. Hours of unscheduled	absence for other reasons(from w	eekly record
overleaf) :		
	Total hours mis	sed: (=A+B)
		ours Worked
Signature of Mentor:	Printed name:	Date:
oignature of Mentor.	Timed name.	butc.
Or Associate Mentor	Printed name:	Date:
NB: By signing the record of absen	l nce you are confirming this is an ac	curate record. Audits of this form wi
take place.	,	
Student Signature:		Date:
2.2.2.0		

Weekly Record of Hours

This must be completed on a weekly basis and deficits reported to link tutor.

PEd to sign to confirm below is correct.....

Date of week commencing	Night shift record – dates	Total of hours for week	Running total of hours for placement	Target hours for placement	Running total of hours deficit (if any)	Signed by mentor

MONTH	YEAR
TRUST / SITE	INTAKE

	Ho	ours								
Date	From	То	Hours Total	Sickness S	Absenc A	e A/L	Signature (Supervisor / Mentor) Each shift must be signed	Print Name (Supervisor/Mer		
	(0)	(4)	(5)	(0)		(0)	(0)	(40)	student in practice.	
(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	
1 st										
2 nd 3 rd						+				
4 th										
5 th										
6 th										
7 th										
8 th										
9 th										
9 10 th						+				
10 11 th										
12 th						+		-		
13 th						+		-		
14 th										
15 th										
16 th										
17 th										
18 th						+				
19 th										
20 th										
21 st										
22 nd										
23 rd						+				
24 th										
25 th						+		1		
26 th										
27 th			1							
28 th			1			1				
29 th						1				
30 th						1				
31 st						1				
		<u>I</u>	1	1	<u> </u>	(1	2) Total number of hours wo	orked by student this	month	
STUI	DENT NA	ME (Pleas	e Print)		S	TUDE	NT SIGNATURE	PEd	SIGNATURE	
	1 **	D = :	3.5	.1						
Tot	al Hours	s For Thi	s Mont	th			Practice Team Only			
						-	(Shortage of hours this month)			

MONTH	YEAR
TRUST / SITE	INTAKE

Γ	Ho	ours]	•••••	•	•		INTAKI	2	••••
Date	From	То	Hours Total	Sickness S	Absence A	A/L	Signature (Supervisor / Mentor) Each shift must be signed	Print I (Superviso	Name or/Mentor)	Main Mentor Please indicate below th actual number of hours per shift that you have observed or worked directly with the studen
(0)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(1	0)	student in practice. (11)
(2) 1 st	(3)	(4)	(3)	(0)	(7)	(0)	(9)	()	0)	(11)
$\frac{1^{\text{nd}}}{2^{\text{nd}}}$										
3^{rd}										
4 th										
5 th										
6 th										
7 th										
8 th										
9 th										
10 th										
11 th										
12 th										
13 th										
14 th										
15 th										
16 th										
17 th										
18 th										
19 th										
20 th										
21 st										
22 nd										
23 rd										
24 th										
25 th										
26 th										
27 th										
28 th										
29 th										
30 th										
31 st										
							Total number of hours wo	orked by stude		
STUI	DENT NA	ME (Pleas	e Print)		ST	UDEN	T SIGNATURE		PEd SIGN	NATURE
Tot	al Hours	s For Thi	s Mont	h			Practice	Team Oı	nly	
						(S	hortage of hours this month)			

MONTH	YEAR
TRUST / SITE	INTAKE

Г	Но	urs		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • •	•••••••••	INTAKI	1	•••••
Date	From	То	Hours Total	Sickness S	Absence A	A/L	Signature (Supervisor / Mentor) Each shift must be signed	Print N (Superviso	lame or/Mentor)	Main Mentor Please indicate below the actual number of hours per shift that you have observed or worked directly with the student
	(2)		,	(0)		(2)	(0)			student in practice.
(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(1	0)	(11)
1 st										
2 nd										
3 rd										
4 th										
5 th										
6 th										
7^{th}										
8 th										
9 th										
10 th										
11 th										
12 th										
13 th										
14 th										
15 th										
16 th										
17 th										
18 th										
19 th										
20 th										
21 st										
22 nd										
23 rd										
24 th										
25 th										
26 th										
27 th				<u> </u>						
28 th				<u> </u>						
29 th										
30 th				 						
31 st				 						
31				<u> </u>		(12)	Total number of hours wo	l orked by stude	nt this month	
STUI	DENT NA	ME (Pleas	e Print)		ST		NT SIGNATURE		PEd SIGN	
Tot	al Hours	For Thi	s Mont	h			Practice	Team Or	nlv	
100	ai Hours	, 1 01 1111	5 1410111	.11		(S	Practice Team Only (Shortage of hours this month)			

University of Suffolk

Department of Health Sciences – Paramedic Science Placement completion information - Allocations

This form is to be submitted by the student concerned to the Allocations office within five working days of completing each placement.

The weekly record of hours overleaf must be completed

Cohort: Field of Study: Paramedic Science Site: Full Placement Name(including Trust title): Placement Type: Date started placement: Date ended placement: Number of nights (from weekly record overleaf) worked in this placement: Please List All Dates of Sickness/Absence/Special Leave (from weekly record overleaf): Number of individual absence events: A. Hours of absence due to sickness(from weekly record overleaf): B. Hours of unscheduled absence for other reasons(from weekly record overleaf): Total hours missed: (=A+B) Total Hours Worked Signature of Mentor: Printed name: Date: Or Associate Mentor Printed name: Date:	Name of Student:		
Placement Type: Date started placement: Date ended placement: Number of nights (from weekly record overleaf) worked in this placement: Please List All Dates of Sickness/Absence/Special Leave (from weekly record overleaf) : Number of individual absence events: A. Hours of absence due to sickness(from weekly record overleaf): B. Hours of unscheduled absence for other reasons(from weekly record overleaf) : Total hours missed: (=A+B) Total Hours Worked Signature of Mentor: Printed name: Date: NB: By signing the record of absence you are confirming this is an accurate record. Audits of this form with the form with th	Cohort:	Field of Study: Paramedic Science	Site:
Date started placement: Date ended placement: Number of nights (from weekly record overleaf) worked in this placement: Please List All Dates of Sickness/Absence/Special Leave (from weekly record overleaf): Number of individual absence events: A. Hours of absence due to sickness(from weekly record overleaf): B. Hours of unscheduled absence for other reasons(from weekly record overleaf): Total hours missed: (=A+B) Total Hours Worked Signature of Mentor: Printed name: Date: NB: By signing the record of absence you are confirming this is an accurate record. Audits of this form will	Full Placement Name(including Tr	ust title):	
Date started placement: Date ended placement: Number of nights (from weekly record overleaf) worked in this placement: Please List All Dates of Sickness/Absence/Special Leave (from weekly record overleaf): Number of individual absence events: A. Hours of absence due to sickness(from weekly record overleaf): B. Hours of unscheduled absence for other reasons(from weekly record overleaf): Total hours missed: (=A+B) Total Hours Worked Signature of Mentor: Printed name: Date: NB: By signing the record of absence you are confirming this is an accurate record. Audits of this form will			
Date started placement: Date ended placement: Number of nights (from weekly record overleaf) worked in this placement: Please List All Dates of Sickness/Absence/Special Leave (from weekly record overleaf): Number of individual absence events: A. Hours of absence due to sickness(from weekly record overleaf): B. Hours of unscheduled absence for other reasons(from weekly record overleaf): Total hours missed: (=A+B) Total Hours Worked Signature of Mentor: Printed name: Date: NB: By signing the record of absence you are confirming this is an accurate record. Audits of this form will			
Date started placement: Date ended placement: Number of nights (from weekly record overleaf) worked in this placement: Please List All Dates of Sickness/Absence/Special Leave (from weekly record overleaf): Number of individual absence events: A. Hours of absence due to sickness(from weekly record overleaf): B. Hours of unscheduled absence for other reasons(from weekly record overleaf): Total hours missed: (=A+B) Total Hours Worked Signature of Mentor: Printed name: Date: NB: By signing the record of absence you are confirming this is an accurate record. Audits of this form will	Placement Tyne:		
Date ended placement: Number of nights (from weekly record overleaf) worked in this placement: Please List All Dates of Sickness/Absence/Special Leave (from weekly record overleaf) : Number of individual absence events: A. Hours of absence due to sickness(from weekly record overleaf): B. Hours of unscheduled absence for other reasons(from weekly record overleaf) : Total hours missed: (=A+B) Total Hours Worked Signature of Mentor: Printed name: Date: NB: By signing the record of absence you are confirming this is an accurate record. Audits of this form with this form with the properties of the place	rideement Type.		
Date ended placement: Number of nights (from weekly record overleaf) worked in this placement: Please List All Dates of Sickness/Absence/Special Leave (from weekly record overleaf) : Number of individual absence events: A. Hours of absence due to sickness(from weekly record overleaf): B. Hours of unscheduled absence for other reasons(from weekly record overleaf) : Total hours missed: (=A+B) Total Hours Worked Signature of Mentor: Printed name: Date: NB: By signing the record of absence you are confirming this is an accurate record. Audits of this form with the properties of the place o			
Number of nights (from weekly record overleaf) worked in this placement: Please List All Dates of Sickness/Absence/Special Leave (from weekly record overleaf): Number of individual absence events: A. Hours of absence due to sickness(from weekly record overleaf): B. Hours of unscheduled absence for other reasons(from weekly record overleaf): Total hours missed: (=A+B) Total Hours Worked Signature of Mentor: Printed name: Date: NB: By signing the record of absence you are confirming this is an accurate record. Audits of this form with the placement:	Date started placement:		
Please List All Dates of Sickness/Absence/Special Leave (from weekly record overleaf): Number of individual absence events: A. Hours of absence due to sickness(from weekly record overleaf): B. Hours of unscheduled absence for other reasons(from weekly record overleaf): Total hours missed: (=A+B) Total Hours Worked Signature of Mentor: Printed name: Date: NB: By signing the record of absence you are confirming this is an accurate record. Audits of this form with the	•		
Number of individual absence events: A. Hours of absence due to sickness(from weekly record overleaf): B. Hours of unscheduled absence for other reasons(from weekly record overleaf): Total hours missed: (=A+B) Total Hours Worked Signature of Mentor: Printed name: Date: NB: By signing the record of absence you are confirming this is an accurate record. Audits of this form with the printed page 1.	Number of nights (from weekly re	ecord overleaf) worked in this place	ement:
A. Hours of absence due to sickness(from weekly record overleaf): B. Hours of unscheduled absence for other reasons(from weekly record overleaf): Total hours missed: (=A+B) Total Hours Worked Signature of Mentor: Printed name: Date: NB: By signing the record of absence you are confirming this is an accurate record. Audits of this form with the content of th	Please List All Dates of Sickness/A	bsence/Special Leave (from weekl	y record overleaf) :
A. Hours of absence due to sickness(from weekly record overleaf): B. Hours of unscheduled absence for other reasons(from weekly record overleaf): Total hours missed: (=A+B) Total Hours Worked Signature of Mentor: Printed name: Date: NB: By signing the record of absence you are confirming this is an accurate record. Audits of this form with the condition of the condition			
A. Hours of absence due to sickness(from weekly record overleaf): B. Hours of unscheduled absence for other reasons(from weekly record overleaf): Total hours missed: (=A+B) Total Hours Worked Signature of Mentor: Printed name: Date: NB: By signing the record of absence you are confirming this is an accurate record. Audits of this form with the content of th			
B. Hours of unscheduled absence for other reasons(from weekly record overleaf): Total hours missed: (=A+B) Total Hours Worked Signature of Mentor: Printed name: Date: NB: By signing the record of absence you are confirming this is an accurate record. Audits of this form with the content of the conte			
overleaf): Total hours missed: (=A+B) Total Hours Worked Signature of Mentor: Printed name: Date: Or Associate Mentor Printed name: Date: NB: By signing the record of absence you are confirming this is an accurate record. Audits of this form with the significant confirming this is an accurate record.	A. Hours of absence due	e to sickness(from weekly record o	verleaf):
overleaf): Total hours missed: (=A+B) Total Hours Worked Signature of Mentor: Printed name: Date: Or Associate Mentor Printed name: Date: NB: By signing the record of absence you are confirming this is an accurate record. Audits of this form with the significant confirming this is an accurate record.	B. Hours of unscheduled	d absence for other reasons(from v	veekly record
Total Hours Worked Signature of Mentor: Printed name: Date: Or Associate Mentor Printed name: Date: NB: By signing the record of absence you are confirming this is an accurate record. Audits of this form wi		, , , , , , , , , , , , , , , , , , , ,	,
Total Hours Worked Signature of Mentor: Printed name: Or Associate Mentor Printed name: Date: NB: By signing the record of absence you are confirming this is an accurate record. Audits of this form with the significant confirming this is an accurate record.			
Signature of Mentor: Printed name: Date: Or Associate Mentor Printed name: Date: NB: By signing the record of absence you are confirming this is an accurate record. Audits of this form with the properties of the printed name:			
Or Associate Mentor Printed name: Date: NB: By signing the record of absence you are confirming this is an accurate record. Audits of this form wi		lotal F	lours Worked
NB: By signing the record of absence you are confirming this is an accurate record. Audits of this form will	Signature of Mentor:	Printed name:	Date:
NB: By signing the record of absence you are confirming this is an accurate record. Audits of this form wi			
NB: By signing the record of absence you are confirming this is an accurate record. Audits of this form wi			
NB: By signing the record of absence you are confirming this is an accurate record. Audits of this form wi			
	Or Associate Mentor	Printed name:	Date:
	NB: By signing the record of abse	nce you are confirming this is an ac	ccurate record. Audits of this form wi
		-	
Chindont Circumstures	Chudout Cianature		Deter
Student Signature: Date:	Student Signature:		Date:

Weekly Record of Hours

This must be com	pleted on a weekl	v basis and deficits	reported to link tutor.

PEd to sign to confirm below is correct.....

Date of week commencing	Night shift record – dates	Total of hours for week	Running total of hours for placement	Target hours for placement	Running total of hours deficit (if any)	Signed by mentor

MONTH	YEAR
TRUST / SITE	INTAKE

	Н	ours								
Date	From	То	Hours Total	Sickness S	Absence A	A/L	Signature (Supervisor / Mentor) Each shift must be signed	Print Name (Supervisor/Mento	Main Mentor r) Please indicate below th actual number of hours per shift that you have observed or worked directly with the studen	
	(0)	(4)	(5)	(0)		(0)	(0)	(40)	student in practice.	
(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	
1 st										
2 nd										
3 rd										
4 th										
5 th										
6 th										
7 th										
8 th										
9 th										
10 th										
11 th										
12 th										
13 th										
14 th										
15 th										
16 th										
17 th										
18 th										
19 th 20 th										
21 st 22 nd										
22 23 rd										
24 th										
25 th										
26 th										
26 27 th		-					+			
28 th							1			
28 29 th		-								
30 th										
31 st										
31		<u> </u>				(12)	Total number of hours wo	irked by student this m	onth	
STUDENT NAME (Please Print) STUI							T SIGNATURE		IGNATURE	
T. :	.1 77	. D	. 1/	ı1.			D (*	T O. 1		
1 Ot	ai Hour	s For Thi	s Mon	in ———		(8)	Practice Team Only (Shortage of hours this month)			
						(3)	norage of nours this month)			

MONTH	YEAR
	INTAKE

Г	Но	urs		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • •	•••••••••	INTAKE	2	•••••
Date	From	То	Hours Total	Sickness S	Absence A	A/L	Signature (Supervisor / Mentor) Each shift must be signed	Print N (Superviso	lame or/Mentor)	Main Mentor Please indicate below the actual number of hours per shift that you have observed or worked directly with the student
	(2)		(=\)	(0)		(2)	(0)			student in practice.
(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(1	0)	(11)
1 st										
2 nd										
3 rd										
4 th										
5 th										
6 th										
7^{th}										
8 th										
9 th										
10 th										
11 th										
12 th										
13 th										
14 th										
15 th										
16 th										
17 th										
18 th										
19 th										
20 th										
21 st										
22 nd										
23 rd										
24 th										
25 th				 						
26 th										
27 th				 						
28 th				-						
28 29 th				 						
30 th				-						
31 st				-			+			
31				<u> </u>		(4.0)	Total number of hours wo	orkod by stud-	nt this manth	
STUI	DENT NA	ME (Pleas	e Print)		ST		T SIGNATURE		PEd SIGN	
Tot	al Hours	For Thi	s Mont	h			Practice Team Only			
						(S	chortage of hours this month)			

MONTH	YEAR
TRUST / SITE	INTAKE

	Но	urs		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	•••••	•••••••••	INTAKE	1	•••••
Date	From	То	Hours Total	Sickness S	Absence A	A/L	Signature (Supervisor / Mentor) Each shift must be signed	Print N (Superviso	lame or/Mentor)	Main Mentor Please indicate below the actual number of hours per shift that you have observed or worked directly with the student
	(2)		(=\)	(0)		(2)	(0)			student in practice.
(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(1	0)	(11)
1 st										
2 nd										
3 rd										
4 th										
5 th										
6 th										
7^{th}										
8 th										
9 th										
10 th										
11^{th}										
12 th										
13 th										
14 th										
15 th										
16 th										
17 th										
18 th										
19 th										
20 th										
21 st										
22 nd										
23 rd										
24 th										
25 th				-						
26 th				-						
26 27 th										
				 						
28 th										
29 th										
30 th										
31 st										
							Total number of hours wo			
STUI	DENT NA	ME (Pleas	e Print)		ST	UDEN	NT SIGNATURE		PEd SIGN	NATURE
Tot	al Hours	For Thi	s Mont	h			Practice	Team Or	nlv	
100	ai Hours	, 1 01 1111	5 141011(,11		(S	Practice Team Only (Shortage of hours this month)			
							g and another			

END OF PLACEMENT REVIEW

Primary Location:		Supervising Clinician Name (Printed):
Secondary Location:	If Applicable	Supervising Clinician Name: If more than one

Conduct, Performance and Ethics: The statements below relate to the Health and Care Professions Council 13 points in Guidance on Conduct and Ethics for Students (HCPC; 2012). If any aspect has not been met, or has been highlighted during the placement, it should be documented in the Record of Meetings/Tutorial section of this document and list actions taken or help requested to modify the behaviour. (Please delete as appropriate)

The student always acts in the best interest of the patient. (1)	YES / NO
The student is always polite (3)	YES / NO
The student's personal appearance is appropriate to the dress code (3)	YES / NO
The student is punctual and their attendance is acceptable for their placement (3)	YES / NO
The student's ability to practice has not been limited by illness or injury (4,5)	YES / NO
The student reflects on outcomes and modifies their behaviour (6)	YES / NO
The student reacts positively towards feedback (6)	YES / NO
The student accepts appropriate responsibility for their practice (7)	YES / NO
The student asks for help when appropriate (7)	YES / NO
The student always behaves with integrity and honesty (12)	YES / NO
The student always behaves in a professional manner (13)	YES / NO

- 1. I confirm that the hours documented have been undertaken with the student and that I have discussed this end of placement evaluation.
- 2. There are no developmental plan(s) in place / There are developmental plan(s) in place (delete as appropriate)

Supervising Clinician Name (Print):	_Signature:
Student Signature:	

ASSESSMENT OF PARAMEDIC ATTRIBUTES

ASSESSMENT OF PARAMEDIC ATTRIBUTES (Year 3)

PLEASE NOTE: Feedback from Service Users and Carers (wherever appropriate) should be considered in completion of this aspect of Assessment

The student must score a mark of 2 or above in *each* element of the assessment of paramedic attributes in order for an overall pass to be awarded.

- Where the mark of 1 'unsatisfactory' or 5 exceptional' is awarded for attribute evidence MUST be provided within the "comment" box to illustrate the student's behaviour and level of performance.
- 1 = Unsatisfactory performance
- 2 = Satisfactory performance (but some aspects in clear need of improvement)
- 3 = Good performance (consistent with most other students, taking into account the stage in the programme)
- 4 = Excellent performance
- 5 = Exceptional performance

(Adapted from: Health and Care Professions Council, Guidance on Conduct and Ethics for Students, 2010).

	Paramedic Attribute	1 st (formative) Insert mark (between 1 and 5)	2 nd (summative) Insert mark (between 1 and 5)
1.	Always acts in the best interests of the service user - respects a person's right to be treated by a professional and not a student - treats everyone equally - does not do anything that might endanger others - speaks to placement provider and UCS if concerned about something that may put someone at risk		
Com	ment:		

2.	Respects the confidentiality of the service user - keeps information about service users confidential unless this puts someone at risk (follows local policies and guidelines) - removes all identifying information about service users from anything used in academic assessment material (follows UCS policies and guidelines)
Comr	nent:
3.	Keeps high standards of personal conduct. - is aware that conduct outside of the programme may affect completion of programme or registration with HCPC - is polite with service users, colleagues, practice placement teams and programme team - personal appearance is appropriate for placement environment - follows the UCS and placement provider's policy on attendance
4.	Provides any information about own conduct, competence or health to UCS and PEd/Supervising Clinician. - ensures the UCS and placement provider are aware of existing health conditions or changes to health which may put service users/yourself at risk - informs the UCS if convicted of, or cautioned for, any offence whilst on the programme
Comr	nent:
5.	Knows their limits – does not allow their health to affect their performance or judgements in practice – is aware of potential risk to service users, themselves and colleagues - seeks help from a doctor or occupational health professional when worried about health
Comr	nent:

6.	Keeps professional knowledge and skills up to date - is responsible for own learning - thinks about and responds positively to feedback given
Comi	ment:
7.	Acts within the limits of their knowledge and skills Only carries out an unsupervised task if they feel they have the appropriate knowledge and skills Ensures they have appropriate supervision for any task that they are asked to carry out Asks for help when they need it Does not claim to have knowledge or skills which they do not – is aware this could put service users, themselves and colleagues at risk
Comi	nent:
8.	Communicates effectively and respectfully with service users, UCS and placement providers - communicates effectively, respectfully and cooperates with colleagues to benefit service users - communicates effectively, respectively and cooperates with programme team and placement team - where appropriate shares knowledge with colleagues - recognises and values contributions by others
Comi	ment:

9.	Gets valid consent to provide care or services (as far as possible)
	- Makes sure service user are aware they are student before carrying out any
	intervention
	- Makes sure the service user has given their permission for the intervention to be
	carried out by a student
	- Explains the intervention they plan to carry out, including any risks associated with
	it
	- Follows UCS or placement providers policy on consent
Comr	nent:
10.	Keeps accurate records on service users
	- Makes sure any information put into someone's record is clear and accurate
	- Protects information in records from being lost, damaged, accessed without
	permission or tampered with
Comr	nent:
11.	Deale feigly and cafely with the ricks of infection
11.	Deals fairly and safely with the risks of infection
	- Takes all appropriate steps to deal with risks of infection
Comr	- Follows UCS or placement provider's policy on managing risks of infection
Comi	nent:
12.	Behaves honestly
12.	- Does not pass off other people's work as their own
	- Fills in documents truthfully and accurately
	- Does not let any improper financial reward influence the advice or services
	recommended
	- Follows the UCS policies on ethics when carrying out research
Comr	

13.	Makes sure their behaviour does not damage public confidence in the profession - Does not do anything which might affect the trust that the public has in the profession	
Comr	ment:	
Total		

PLEASE NOTE: Following submission the PAD is subject to a moderation process undertaken by the Department of Health Studies.

This will involve review of the process of assessment, marks awarded and evidence/ commentary documented to ensure parity wherever possible. Where there are any queries that arise PEds may be contacted by their link lecturer prior to final confirmation of the marks awarded

All work graded as a 1st and all work graded as not meeting the required pass standard plus a representative selection of each
of the other grade levels awarded will be moderated.

EEAST PEd/Non-ambulance Supervising Clinician EVALUATION / FEEDBACK FORM

Please complete this form and leave it attached to the assessment document

PEd/Clinician Name (Optional):	Link Lec	turer:				
Trust / employing organisation:	Name of Practice Learning area					
Student cohort:	Date:					
		Strongly disagree	Disagree	Agree	Strongly agree	N/A
1.I had adequate preparation to fulfil my role as PEd						
2.The students appeared prepared for the placement						
3. Students are able to access me 40% of the time						
4. I was able to contact the link lecturer for support if need	led.					
5.I understand how to complete the assessment document	t (s)					
Please use the space below to elaborate on any of the above statements or add any further comments about your experience as a PEd/supervising clinician in this placement						



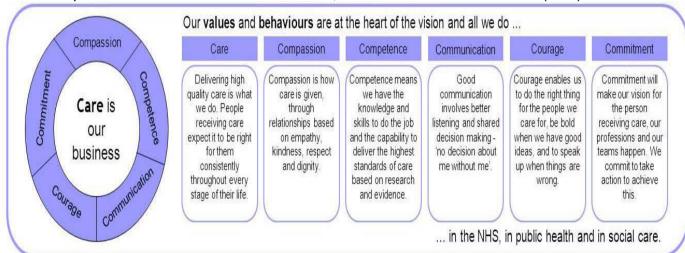
University of Suffolk is committed to the principles and values of the NHS Constitution (DH, 2013). This details the following behaviours and values as those that patients and staff believe to be at the heart of our NHS:

- 1. Respect and dignity
- 2. Commitment to quality of care
- 3. Compassion
- 4. Improving lives
- 5. Working together for patients
- 6. Everyone counts

Each competency in this practice assessment record has been mapped against the value(s) embedded in the NHS Constitution. The student pledge is also linked to these values.

The serious failures at Mid-Staffordshire NHS Foundation Trust (Francis 2013) are a stark reminder of how critical these NHS values are in promoting a culture of care. The shared vision for nursing, midwifery and health care workers (as set out in Table 1 below) (DH, 2012) also embraces these values, requiring 'nurses, midwives and health care staff to deliver high quality, compassionate care, and to achieve excellent health and wellbeing outcomes'.

Table 1: Expected values and behaviours of nurses, midwives and health care staff (6C's)



(DH, 2012)

Each of these values and behaviours are reflected in the practice competencies and interpersonal / professional skills components of the student's practice assessment.

Department of Health, 2013. *The NHS Constitution for England*. [online] Available at: <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/170656/NHS_Constitution.pdf >. [Accessed 04 March 2014].

Francis, C. 2013. The Mid Staffordshire NHS Hospital Trust public enquiry. [online] Available at:http://www.midstaffspublicinquiry.com/report >. [Accessed 04 March 2014].

Department of Health, 2012. Compassion in practice. Nursing, midwifery and care staff our vision and strategy. [online] Available at:< http://www.england.nhs.uk/wp-content/uploads/2012/12/compassion-in-practice.pdf> [Accessed 04 March 2014.]

THE INTERPERSONAL AND PROFESSIONAL SKILLS PROFILE

The interpersonal /professional skills profile has been divided into 6 sections, each indicating statements around the values underpinning the NHS Constitution and reflecting the 6C's.

(F) Indicates a fail (P) Indicates a pass Student:

Station:

PEds should choose <u>one</u> statement from each of the sections below that best reflects the student's interpersonal and professional skills. Please indicate your chosen statement by signing in the corresponding box.

CARE	PEd Please sign in one of the	PEd Reasons / evidence for choosing this
Please choose one statement below	boxes below to indicate your choice of statement for this value	statement
(F) 1. Fails to respond to patient needs.		
(F) 2. Lacks consideration of patient comfort when delivering care.		
(F) 3. Ignores advice to improve patient care.		
(P) 4. Demonstrates evidence based practice.		
(P) 5. Approach to care enhances the patient experience.		
(P) 6. Ensures patient is central to care decisions.		
(P) 7. Quality of care is commendable.		
COMPASSION	PEd Please sign in one of the boxes below to indicate	PEd Reasons / evidence for choosing this
Please choose one statement below	your choice of statement for this value	statement
(F) 1. Fails to treat patients / carers / colleagues with respect.		
(F) 2. Lacks empathy / understanding towards patients' concerns.		
(F) 3. Fails to recognise opportunities to promote dignity in care delivery.		
(P) 4. Demonstrates compassion and understanding in patient care.		
(P) 5. Promotes dignity and respect in patient care.		
(P) 6. Shows a mature understanding and an empathic approach to care.		
(P) 7. Champions patient dignity and encourages colleagues to support this value.		
COMPETENCE Please choose one statement below	PEd Please sign in one of the boxes below to indicate your choice of statement for this value	PEd Reasons / evidence for choosing this statement
(F) 1 Level of care is unsafe.		
(F) 2. Blames circumstances for difficulties encountered.		
(F) 3. Unable to define own learning needs.		
(P) 4. Reflects on clinical practice and adapts accordingly.		
(P) 5. Capable of informed decision making.		
(P) 6. Delegates care effectively and with consideration for patient safety.		
(P) 7. Remains calm and professional in challenging situations.		

PEds should choose one statement from each of the sections below that best reflects the student's interpersonal and

COMMUNICATION	PEd	PEd
	Please sign in one of the boxes below to indicate	Reasons / evidence for choosing this
Please choose one statement below	your choice of statement for this value	statement
(F) 1. Fails to communicate key aspects of patient care to appropriate staff.		
(F) 2. Reacts adversely to constructive criticism.		
(F) 3. Lacks self awareness and the effect of behaviours on others.		
(P) 4. Has a pleasant and approachable manner.		
(P) 5. Communicates effectively with patients and relatives.		
(P) 6. Uses interprofessional team working to support effective patient care.		
(P) 7. Encourages patients to participate in decisions around their care.		
COURAGE	Please sign in one of the boxes below to indicate	PEd Reasons / evidence for choosing this
Please choose one statement below	your choice of statement for this value	statement
(F) 1. Demonstrates lack of interest regarding standards of patient care.		
(F) 2. Fails to respond to and report concerns of patients and carers.		
(F) 3. Poor advocate for patients / carers when opportunity arises.		
(P) 4. Accepts appropriate responsibility.		
(P) 5. Shares appropriate experience and knowledge to enhance patient care.		
(P) 6. Acts as an advocate for patients.		
(P) 7. Escalates concerns appropriately when the need arises.		
COMMITMENT Please choose one statement below	PEd Please sign in one of the boxes below to indicate	PEd Reasons / evidence for choosing this statement
riease choose one statement below	your choice of statement for this value	
(F) 1. Displays a negative attitude.		
(F) 2. Behaves in an unprofessional manner.		
(F) 3. Lacks motivation.		
(P) 4. Actively seeks opportunities to develop own learning.		
(P) 5.Valued team member who has gained respect.		
(P) 6. Well motivated and adaptable.		
(P) 7.Consistently acts as a professional role model.		

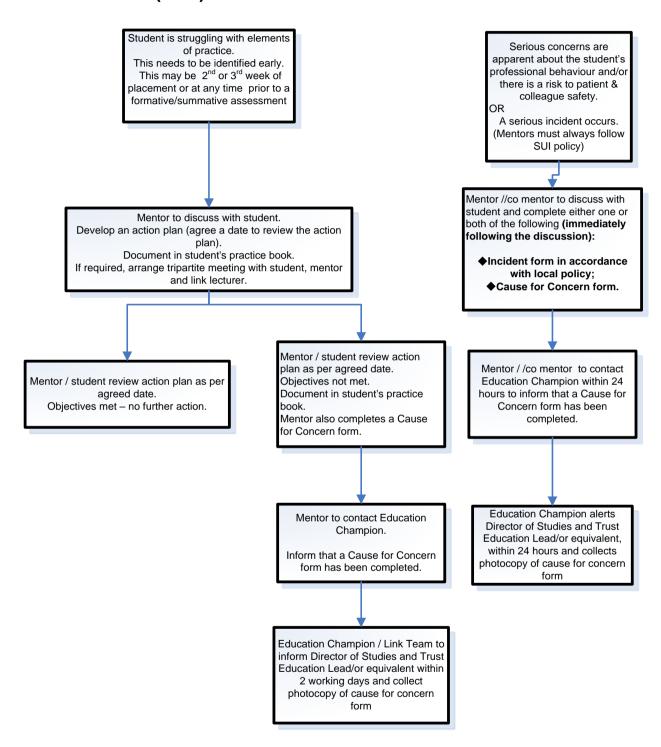
professional skills. Please indicate your chosen statement by signing in the corresponding box

Statements revised in collaboration with service users and PEds (Sept 2012) amended to reflect 6C's (March 2013)

Paramedic Educator : Signature: Date:



Cause for Concern (CFC)



Cause for Concern This may cover – conduct / behaviour / clinical performance / attitude					
Contact made by:		Date:			
Name:		Name of Place	ment Provider/Trust:		
Position:					
Tel:		Olivia al Avera			
E-mail:		Clinical Area:_			
Mentor Details (if different to above)		Student Detail	ls:		
Name:		Name:			
Tel:		Cohort:	Course:		
Cause for Concern Summary: (This form MUST be submitted with supportive evidence i.e. copy of student formative/summative feedback on their poor performance) Actions Taken to date: (This form MUST be submitted with examples of actions taken. Unless it is a SUI there is an expectation the					
student has received verbal/written feedback on performance /Action plan/discussion with Mentor/ Education champion/Evidence of mentor working together)					
MENTOR: on completion please cont	act the follow	ving:			
Education Champion Name:	Contacted: Y	ES/NO	Method of Contact:	Date:	
Ward Manager/Team Leader Name:	Contacted: Y	'ES/NO	Method of Contact:	Date:	
Trust/Organisation Education Lead/or equivalent Name:	Contacted: Y	ES/NO	Method of Contact:	Date:	
EDUCATION CHAMPION: On receiving this form please contact the following: (If the concern is related to sickness/absence this form should be given to the Course Leader for investigation. If necessary, following investigation, the Director of Studies and Course Group Leader should be provided with this detail)					
Course Leader Name: (for	Contacted: Y		Method of Contact:	Date:	
sickness/absence) Link Team Member Name:	Contacted: Y	ES/NO	Method of Contact:	Date:	
Trust/Organisation Education Lead:	Contacted: Y	'ES/NO	Method of Contact:	Date:	
Personal Tutor Name:	Contacted: Y	ES/NO	Method of Contact:	Date:	
Course Group Leader	Contacted: Y	ES/NO	Method of Contact:	Date:	
Director of Studies Name:	Contacted: Y	'ES/NO	Method of Contact:	Date:	

Adapted from Fitness to Practice Guidelines for Mentors in Practice (NHS East of England SHA)

Mentor to ensure photocopy of this form and supporting evidence is given to Education Champion / Link Team Lack of supporting evidence will result in this form being returne

Student Managed Documentation



UOS AUDIT OF PRACTICE SETTINGS: STUDENT EVALUATION OF PRACTICE PLACEMENT

Your responses to this evaluation will be used to monitor and improve the quality of placements provided. Therefore we would be grateful if you could complete the details below:

Tours (II be a witch					
Trust/Hospital:					
Name of Practice Setting:					
Name of Paramedic Educator	(PEd):				
Course/Intake:					
Name of Education Champior	1				
Dates of Experience:	From:	То	:		
Instructions for Student					
Please complete this questionnaire towards the end of your clinical placement. Your PEd will be completing a 'mirror image' questionnaire.					
Please complete each statemer IF YOU TICK NO, PLEASE STA			and comment.		
Thank you for completing this questions to be a property of the completion of the co	uestionnaire. F	Please leave this in the Pr	ractice Assessment		

In order to evaluate the learning environment it is expected that as a University Student you will complete this evaluation form. This information will be utilised by the University, Practice Education Providers and the Local Workforce Partnership Group to monitor and evaluate the clinical learning environment.

Q1. Were you given the name of your Paramedic Educator on your first clinical day?
Yes
No
If No please state the reasons why
Q2. Were you supervised by your PEd for most of your time in clinical practice?
Yes
No
If No please state the reasons why
Q3. If you needed support from the University did you know who to contact and how?
Yes
No
If No please state the
O4 If there were increased in the University recovered to your within 40 hours of your phane.
Q4. If there were issues, did the University respond to you within 48 hours of your phone
call/e-mail? Yes
No
N/A
If No please state the reasons why
ii No please state the reasons why

Q5. Were you able to complete your formative and summative assessments in the required
time frame with your named Paramedic Educator?
Yes
No
If No please state the reasons why
Q6. Was the clinical placement welcoming and supportive?
Yes
No
If No please state the reasons why
Q7. Did your Paramedic Educator understand your practice assessment document?
Yes
No
If no what action did you take
Q8. State any difficulties you encountered as a student in this clinical area.

What were the 3 best aspects about this clinical practice experience?
. On reflection, what could you have done to improve your clinical learning experience?

Thank you for completing this questionnaire

Simulated skills confirmation sheet

The student has demonstrated the following skills in simulation or specialist placement under direct supervision of a lecturer, paramedic or specialist HCP. The lecturer/tutor has determined that the student is able to perform the skill **safely** by following a **systematic approach**.

The continued practice of these skills must be performed under **direct supervision** and at the **discretion** of their paramedic or supervisor in practice.

You may not perform these skills in a clinical setting until you have been signed off in simulation or the specialist setting.

	Signature	Date
Oro / Naso-pharyngeal airway		
I-gel / LMA		
Intubation (including bougie and end tidal co2)		
Ventilation BVM		
Needle Cricothyroidotomy		
Needle Thoracentesis		
Intramuscular injection		
Subcutaneous Injection		
Intravenous Cannulation		
External Juglar Cannulation		
Intraosseous Cannulation		
Infusions		
ALS – Adult		
ALS Paediatric / Neonate		

SKILLS ACQUISITION SHEET



A university for a changing world uos.ac.uk

Please indicate the appropriate level of Skill Acquisition.

- Level 4 Skill Acquisition Competent at Basic Skills
- Level 5 Skill Acquisition Minimal Supervision
- Level 6 Skill Acquisition Independent

Area of Speciality	Level of Competency		Signature	Position	
	4 5 6				
Eg. Intubabtion		Х		J R Smith	Anaesthetist

UNIVERSITY of SUFFOLK BSc (Hons) Paramedic Practice

PAD Feedback Sheet

		Level:
Student Number:	Date:	Marker:
PEd Declaration		Yes or No
Mandatory Training		Yes or No
All Element Assessed		Yes or No
Placement Interviews		Yes or No
Placement Hours		Yes or No
End of Placement Review		Yes or No
Assessment of Paramedic Attributes	;	Yes or No
Skills Profile		Yes or No
Student Evaluation		Yes or No
PAD Presentation		
Feedback		
reedback		
		Pass or Fail
External Examiner:		
Comments:		

Student Name		Intake & Module of study				
Placement Area		Date of Placement (from – to)				
Supervisor name		Supervisor signature				
Supervisor position		Supervisor contact details				
-	PLEA: cted to demonstrate the s nt settings as outlined in	-				
_	risor : please comment on th opriateness of evidence pres		n learning opportunities and emonstrate their learning.			
Supervisor Signature:		Date:				
Student Signature:		Date:				
Ongoing Placement Development: please note any learning or professional issues that might be addressed in future placement settings						
Supervisor Signature:		Date:				
Student Signature:		Date:				
PLEASE ENSURE ATTENDANCE AND ABSENCE SHEET IS ALSO COMPLETED						

Student Name		Intake			
		& Module of study			
Placement Area		Date of Placement (from – to)			
Supervisor name		Supervisor signature			
Supervisor position		Supervisor contact details			
Students are expe	PLEA: cted to demonstrate the	SE NOTE same professional attitu	de and behaviour in all		
placeme	nt settings as outlined in	your Practice Assessmer	nt Document.		
Feedback from Supervisor: please comment on the student's engagement in learning opportunities and the sufficiency and appropriateness of evidence presented by the student to demonstrate their learning.					
Supervisor Signature:		Date:			
Student Signature:		Date:			
Ongoing Placement Development: please note any learning or professional issues that might be addressed in future placement settings					
Supervisor Signature:		Date:			
Student Signature:		Date:			
DI FASE ENSTIDE ATTENDANCE AND ARSENCE SHEET IS ALSO COMDITTED					

Student Name		Intake & Module of study				
Placement Area		Date of Placement (from – to)				
Supervisor name		Supervisor signature				
Supervisor position		Supervisor contact details				
	PLEA: cted to demonstrate the s nt settings as outlined in	-				
_	risor: please comment on the opriateness of evidence pres		n learning opportunities and emonstrate their learning.			
Supervisor Signature:		Date:				
Student Signature:		Date:				
Ongoing Placement Development: please note any learning or professional issues that might be addressed in future placement settings						
Supervisor Signature:		Date:				
Student Signature:		Date:				
PLEASE ENSURE ATTENDANCE AND ABSENCE SHEET IS ALSO COMPLETED						

Student Name		Intake & Module of study		
Placement Area		Date of Placement (from – to)		
Supervisor name		Supervisor signature		
Supervisor position		Supervisor contact details		
	PLEA	SE NOTE		
Students are expected to demonstrate the same professional attitude and behaviour in all placement settings as outlined in your Practice Assessment Document.				
-	Feedback from Supervisor : please comment on the student's engagement in learning opportunities and the sufficiency and appropriateness of evidence presented by the student to demonstrate their learning.			
Supervisor Signature:		Date:		
Student Signature:		Date:		
Ongoing Placement Development: please note any learning or professional issues that might be				
addressed in future place	ement settings			
Supervisor Signature:		Date:		
Student Signature:		Date:		
PLEASE ENSURE ATTENDANCE AND ABSENCE SHEET IS ALSO COMPLETED				

ELECTIVE RECORD OF LEARNING AND EVIDENCE TOWARDS ELEMENTS OF PRACTICE Completed by the student

Description of Learning activity: please briefly record here the learning activity that you have
undertaken, highlighting key learning points
Student Summary of Evidence: please record here the type of evidence that you are providing to
demonstrate learning/achievement identified in your description (e.g. direct observation,
reflection on a professional discussion, written testimonials etc)

Elements of Practice: please identify here the Elements of Practice evidence of learning/achievement for.	actice that you are claiming to be providing
•	
•	
•	
•	
Student Signature:	Date:
Supervisor Signature:	Date:
(If the evidence is a direct observation, the supervisor is significant safely and correctly undertake the skill/task)	gning to say they directly observed the
PLEASE ENSURE ATTENDANCE AND ABSENCE	SHEET IS ALSO COMPLETED
Review by Paramedic Educator: I confirm that I have reviewed this record of learning and the by the student. I have taken this evidence to support assest following Elements of Practice (please list the EoP numbers)	sment of the student against the
•	
•	
•	
•	
•	
•	

Please ensure you keep this record sheet together with its corresponding evidence in your portfolio.

Record of Tutorials

Student Name & I.D	
--------------------	--

Personal Tutor

Please note. You should bring your PAD with you to every tutorial session that you attend. It is your responsibility to get this signed by your personal tutor/mentor following every tutorial session.

Date of Tutorial	Name & Signature of Lecturer	Reason for Tutorial	Date for review (if required)

Record of Tutorials

Student Name & I.D	
Personal Tutor	

Please note. You should bring your PAD with you to every tutorial session that you attend. It is your responsibility to get this signed by your personal tutor/mentor following every tutorial session.

Date of Tutorial	Name & Signature of Lecturer	Reason for Tutorial	Date for review (if required)

Reporting Concerns

As a Practice Educator you may occasionally have concerns relating to a variety of issues. This document sets out the process for contacting the University of Suffolk in this circumstance. The algorithms below show what processes to follow depending on the level of your concern and the urgency of the situation. Concern level is separated into three categories; *minor*, *moderate* and *major* and while your specific concern may not fit neatly into this algorithm, contact should be made early and appropriately as you see fit at the time and in the circumstance. Should you have any queries regarding this document please raise them with the course team.

Reporting a minor concern -

A concern can be considered minor if due to an unplanned variation in the learning environment a student may be <u>at risk of</u> not achieving the outcomes required in placement learning to the standard expected.

An example of a minor concern – "Due to a student's recent poor engagement he/she may well not reach the required standards in the timeframe of this placement. This poor engagement has only been present during their last two shifts and if this continues there is a possibility that the required standards will not be met."

Reporting a moderate concern -

A concern can be considered to be moderate if due to an unplanned variation in the learning environment a student may be <u>unlikely</u> to achieve the outcomes required in the placement learning to the standard expected.

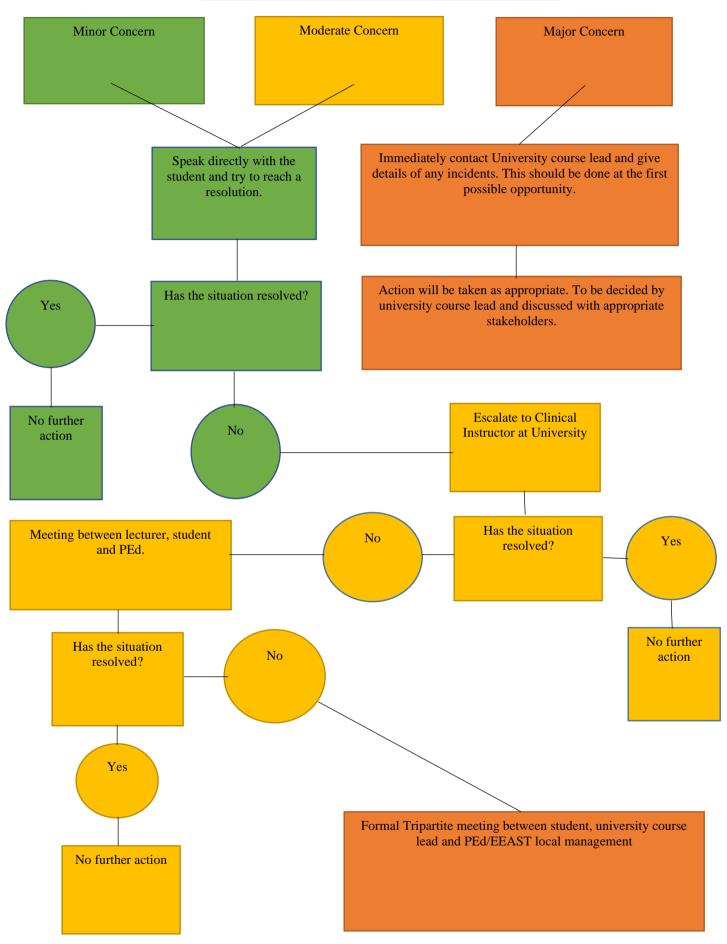
An example of a moderate concern – "Due to a student's poor engagement over the term of this placement, plus a number of absences, it is unlikely that the required standard of practice will be met. This has been ongoing for a number of weeks and attempts to rectify this have been unsuccessful".

Reporting a major concern -

A concern can be considered major if due to an unplanned variation in the learning environment a student is exposed to, or is not protected from exposure to, inappropriate or unsafe care or placement education.

An example of a major concern – "Today the student has been involved in an accident in the work place. The potential injuries caused as a result may mean the student cannot attend placement or University"

Escalating Concerns with University of Suffolk.



University of Suffolk Contacts.

Please note. Mobile telephone numbers should be used in out of office hours and for emergencies only.

Lee Marshall, Course Lead - Email – <u>L.marshall3@uos.ac.uk</u>

Mob - 07772076445

Gareth Partington - Email g.partington@uos.ac.uk

Bethany Weeks - Email - B.weeks2@uos.ac.uk

Sebastian Clover - Email - <u>S.clover@uo</u>s.ac.uk

Craig Hosking, Clinical Instructor – Email – C.hosking@uos.ac.uk

PED Resources

www.uos.ac.uk/content/paramedic-educator-resources

